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The Southern Floods

By Elizabeth G. Fox

The Public Health Nurse in Community Mental Hygiene

By Frankwood E. Williams, M.D.

The County Nurse and the County Fair

Compiled by M. Carter Roberts

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THE SOUTHERN FLOODS

Relief Work and Public Health Measures

BY ELIZABETH G. FOX

National Director, Public Health Nursing Service, American Red Cross

IT was the middle of April. The rivers were rising swiftly, torrents sweeping down the Missouri, the Arkansas, the St. Francis and other tributaries, emptying a volume of tumbling waters into the Mississippi. Consternation and fear prevailed back of the hundreds of miles of levees along the tributaries and the Mississippi itself. Thousands of men worked through the long hours in the cold and the rain in a superhuman effort to hold back the swirling flood. In spite of them, a weak spot here and another there gave way before the pounding onslaught and water poured through, rising foot by foot over the rich bottom lands bordering the rivers, up to the floors, to the window-sills, and before

long even to the ceiling. In the midst of the onrush there began the headlong flight to two and three story buildings, to small havens of high land, to the long, narrow ribbon of the levee, to the raised railroad embankment; while homes and barns and sheds and tools went whirling away and only the tops of trees, telegraph poles or tall buildings were left as landmarks.

A month later the scene in Louisiana was just as emergent, though different in the fact that the coming of the flood was known and prepared for. Here instead of sudden unpredictable breaks there was the slow approach of the uncontrollable waters, preceded by the storing of belongings on scaffolds or in second stories, the sending out of

the women and children to points of safety, followed by the livestock, the dogged efforts of the men up to the last minute to prevent the inevitable, hope against hope, always shattered at last.

The Rescue

The stream of refugees pouring into the southern concentration camps had a strange similarity to the desolate procession of refugees from their homes in the war-stricken countries of Europe, except that here there was added the tremendous task of rescue. One hundred and eight lives were lost by drowning in the first emergency, but after the coördination of relief forces, up to the time of writing, there have been only six drownings, a total of 114 out of an evacuation of not less than 400,000 people; surely an incomparable record.

How was it done? By the mobilization of every kind of water craft, official, commercial and private, plying on the Mississippi River and by the augmentation of this supply by hundreds from the Coast Guards, the Army, the Navy and the Lighthouse Service, until there was a fleet of over a thousand power boats not counting the hundreds of small ones fitted with outboard motors, skiffs and other small craft. A single shipment brought in sixty-two carloads of surf boats from the Coast Guard fleet on the Atlantic. Flotillas were mobilized at regular bases along the swollen Mississippi to be sent from one scene of rescue to another. The smaller power boats scoured each flooded area bringing back each time to the mother ship and its string of barges a load of people rescued from some little hill, some second story, some roof or tree top and the odds and ends of their possessions—sometimes livestock, sometimes pet animals hugged frantically in the arms of terror-stricken children, sometimes huge bundles of bedding, not infrequently babes born in the midst of the excitement, perhaps even in transit or on board boat. The daring and heroism of the rescue crews may go un-

sung, but will not be forgotten by the thousands whose lives they saved.

Their unloading was a tragic picture of benumbed weariness and utter woe, brightened only by their thankfulness at being at least alive—pure pathos relieved occasionally by flashes of comedy. In the unloading of a truck-load of colored people just brought in on the ferry at Baton Rouge, I recall a little old shrunken colored woman completely hidden in a big plush coat, fiercely clung to in spite of the torrid heat; and a ten-year-old pickaninny, ragged and bare-legged, quite obliterated by a black velvet picture hat which came down almost to the tip of her nose.

Concentration Camps

After the unloading came the concentration camps, sheltering anywhere from five hundred to fifteen or twenty thousand; eighty camps in all, providing for 340,000 refugees at the time of writing; small cities in themselves, with their row upon row of pyramidal tents, their mess halls, their screened kitchens fitted with army stoves, their administration hut, their post-office in a tent, their temporary hospital in some rough building converted to this unexpected use, quarantine row, first aid stations, milk kitchens, commissary, shower baths, laundry facilities and a few other of the bare necessities of life. At some points empty buildings were converted into barracks, as in Baton Rouge where some two thousand Cajan refugees were housed in empty university buildings and school dormitories. In the early days thousands of people found refuge in box cars on the siding at Helena, and in smaller numbers at other points. In many places tents were thrown up for miles along the narrow strip of levee.

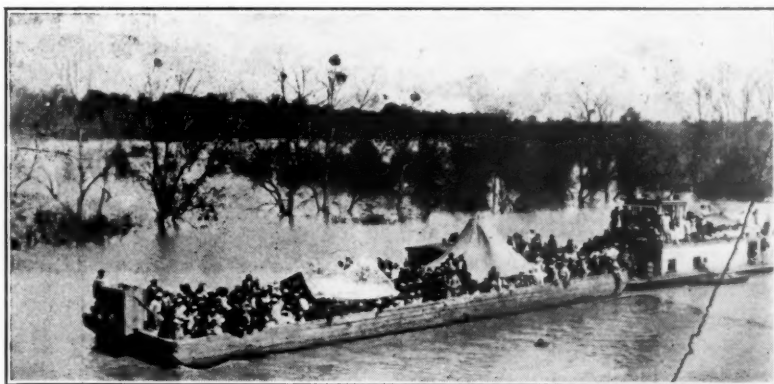
In addition to these hundreds of thousands of refugees in the eighty camps were nearly 300,000 more who stayed behind in second and third stories, on stretches of railroad embankments left above water, or marooned on small islands of high land. The distribution of water and food to these

widely scattered groups was one of the most difficult of all the many problems of flood relief.

Along with the rescue of human beings was the problem of saving the livestock. Early in the flood days came a call for hay for a thousand mules starving to death on the levee, which was followed by the hurried loading and dispatch of hundreds of tons on an old scow to the braying sufferers. Imagine if you can a refugee camp composed of thirty thousand hogs and

"Leaving at 6 A.M., reporting at X-ville seven o'clock tonight according to your instructions." Many nurses came into Memphis on an early morning train only to be hustled out two or three hours later to a camp somewhere in the inundated counties.

The means of arriving at their destinations were varied. First a train, then perhaps a hand-car, and finally a long trip over land in a motor boat, for the railroads were usually washed out in the flooded areas. For example,



A Barge with Refugees

another of thirty thousand cattle rescued and sent to higher ground to range!

The Nurses

Floods do not kill nor injure large numbers of people. The health hazards are more insidious and perhaps far more menacing. Unlike tornadoes and other sudden catastrophes the need for nurses, not great at the beginning, increased rapidly, the peak load coming six weeks after the flood assumed a serious character. Day by day the number called for flood duty grew, from a handful to a score, fifty, a hundred, and finally one hundred and fifty-nine, the greatest number on duty at any one time.

To meet the need there was ample response from the committees and the members of the Red Cross Nursing Service. Telegrams calling nurses on duty, giving sometimes only two or three hours' notice, were almost invariably answered in this fashion,

a nurse sent from Vicksburg in Mississippi to Oak Grove in Louisiana, normally a four or five hour trip, was thirty-six hours on the way, going up the river by boat, crossing the levee, and down the other side, over the land by another boat. Another nurse on arrival at her destination many hours late, telephoned us that the train had crept all night over tracks two feet under water.

The work to be done was new to most of us. Few instructions could be given to the nurses as they went through Memphis other than to use their common sense and concentrate on the most important needs. That they did this with marked success was evidenced by the almost unanimous praise which poured in from the camp directors as soon as the nurses were at work. It was almost a daily event to have a director in some distant camp say to us over the long distance telephone, with a tone of real relief and

gratification, "Those are fine nurses you sent us. They already have the situation well in hand."

The work consisted mostly of certain definite tasks:

First. The care of the sick, strangely enough no more numerous than in ordinary times.

Second. The inoculation of the entire camp population, in the aggregate nearly four hundred thousand people.

Third. Daily health inspection of the camp.

Fourth. First aid stations for the ambulatory sick and those with minor injuries.

Fifth. Special attention to pregnant women, nursing mothers and babies.

Although almost every known contagious disease was brought into the camps by the refugees, to our amazement not a single epidemic developed. I do not ascribe this remarkable good fortune wholly to the work, excellent as it was, of the doctors and nurses, who were relatively few in number. It must have been partly due to the careful sanitation of the camps and partly, doubtless, to other unascertained factors.

I quote from just one letter as a picture of some of the conditions the nurses met. Variations of this story could be given endlessly, but probably never will be put into writing, as the nurses were far too tired at the end of their long and strenuous days for literary effort.

On Friday they gave me a skiff with an outboard motor and a pilot. At 7 A.M. we set off down the river fourteen miles to check the outlying camps. The Red Cross secretary accompanied us to check supplies while I located the sick. I found about a dozen, mostly diarrhea, and advised them about boiling the water and restricting their diet. Some were in the top floor of a house and we rode in the front door in a small boat.

We took our boat across the levee and rode four miles down what used to be a plantation road, and across fence posts into fields through the rain to a barn loft where fifty negroes and twelve whites were living in a nearby house. The current was so strong we nearly swept away a porch post when we clutched at it to tie up our boat. . . . We reached A— at six that evening to find everyone in an uproar because we had not returned and had set out in such a small boat. . . .

Later it was decided the two doctors and I would go down the river and inoculate the camps where I had been that day. Due to the captain of the Iota's concern over our little boat he sent us out in his steel gasoline engine boat with an engineer. It nearly proved fatal. The pump failed to work and after breaking down six or eight times on the way home it gave out altogether. By that time it was dark, we had only a flashlight and we were out in the middle of the Mississippi making a desperate attempt to reach the camp. The men tried to paddle but could make no headway against the current. We began to drift down to Natchez. They tried desperately to reach the willows by paddling so we could tie up there until someone located us, but it was impossible. After half an hour someone suggested trying the engine—it had cooled off—and fortunately and wonderfully it started. We made straight for the nearest stretch of levee, where they tied up the boat. The two doctors and I walked the two miles to camp to send out a towboat.

We inoculated over 267 negroes that day including the 50 in the barn loft. We had no trouble, in fact they literally dragged in those who showed signs of getting at a safe distance and laughed at them for "slackers." One big negro woman six feet four inches tall, weighing 385 pounds or so, picked the men up by the collar and deposited them in front of the doctors. One doctor inoculated while at the same time the other vaccinated. I prepared arms and acted as traffic officer and morale officer. The general feeling among the negroes was that "it do's you good."

Field Headquarters

How was all the extraordinary orderliness and efficiency, in the midst of a thousand emergencies, made possible? By the united efforts of the Army, the Navy, the Marines, the Coast Guard, the Department of Agriculture, the Public Health Service, the State governments and the railroads, coordinated with the Red Cross with headquarters at Memphis. Removed from the tragedy and comedy of the actual flood operation in a huge four-story warehouse, was the administration which directed all of this great undertaking spread over 112 counties in seven states and a thousand miles. Occupying the entire second floor was the central staff. At one end was Mr. Hoover's vacant desk, for he spent his days in the field; and the desk of the Red Cross National Director of Disaster Relief,—flanked by the desks of the latter's assistants

in the two areas east and west of the Mississippi,—flanked again by the desks of the government departments and our own desk; beyond that the railroad representatives, the purchasing department, and back of them all the auditing force guarding the expenditures of the millions of dollars entrusted to the Red Cross for relief purposes. In the mid-

us of nothing in the world so much as a great blot of ink flowing irresistibly along to a lower level. A similar map traced the movements of the rescue fleet and the seaplanes.

On the third floor was our private radio, manned by the Marines, operating between Headquarters and the boats at the various flotilla bases, and



A Concentration Camp

dle a switchboard with a day and night operator, always choked with calls. Racing back and forth a constant stream of messenger boys with hats full of telegrams, for the flood would not wait on the mails.

On one wall stretching almost from floor to ceiling was a great map of the Mississippi, an engineer's map showing the area inundated in previous floods and the occasional strips of high land which might be expected to stay above water. On this map the margins of the flood were blocked out by a narrow strip of ribbon. The location of concentration camps were shown by bits of red cardboard cut to represent a row of tents, each tent indicating a thousand refugees. Day by day the bits of red cardboard grew in number and length, a single row sometimes having as many as ten to twenty pyramids indicating as many thousand refugees. Day by day the ribbon extended farther and farther down the map, reminding

I never did have time to find out what was on the top floor.

From time to time the men and women of our field staff in charge of the actual work in the camps came in for conference. One of them told of sixty hours of work without sleep, and another of eighty hours without any relaxation—more than three days and nights of unbroken work under the most gruelling conditions. And yet they were full of business and eager to get back to their posts.

There must be some peculiar exaltation about an undertaking of this kind, for in spite of the tremendous pressure I heard not one single burst of temper or impatience nor any complaints. In an atmosphere of tense excitement the work moved along with astonishing smoothness, and the spirit of the workers was magnificent.

And far away in Washington was the driving power of the whole great task. With ninety-six members of the

National staff called to the front, those left behind spread their labors to include those of their absent co-workers and so lengthened their days that the necessary work of the organization might go on and the needs of those fighting at the front be met with despatch.

The Homegoing

While Louisiana was still cut in two by a vast inland sea, the first two stages of rescue and sustenance in refugee camps were about completed in Arkansas, and toward the last of May the exodus from the camps had begun. Back to their homes the refugees went, only to find them all too often completely vanished or perched miles away—mud, debris and decaying matter everywhere. Houses that were still standing had bulging floors, warped walls stripped of plaster, furniture fallen to pieces or ruined. Many families are living in the tent they took home with them from the camp, for it was imperative during the first few days after the water receded to concentrate every effort on getting the fields replanted. Many of the public health nurses were transferred from the camps to the thirty-day follow-up program among the returning refugees, a concentrated effort to prevent typhoid, malaria and dysentery, the three great menaces of the aftermath.

Although the situation described in the following letter is not typical of the follow-up work, as it was begun here at an earlier stage than elsewhere, we venture to quote it. The writer was sent from a camp in one county to begin follow-up work in a neighboring county.

Arrived in W. this morning after a very thrilling journey in a motor boat, riding over fences and tree tops and spending a night on the levee with fourteen men.

Water everywhere. We are staying at the hotel, which is badly sagged because of the large number of people who stayed here while the flood was at its height.

We vaccinated and inoculated (first shot) 170 yesterday. Will finish this town to-day and then try and reach those on the levee and in this area.

The children are a special problem because this has always been an area where milk was scarce. Most of the milk cows in this section have been drowned so the problem of feeding the children is a real one. I hope that we may have evaporated milk and cod liver oil to tide them over. . . .

There are two or three spots of dry land this morning, and we are very thankful even though it makes traveling in a boat a bit more difficult.

And now comes the stunning blow reported in the morning papers, of another deluge. With the seed of a second planting, pressed into the mud by barefooted workers, just taking root in the rich deposits of silt, the water from daily downpours has begun once more to cover the broad acres. What this means in renewed effort, in prolongation of the work, and in need for increased funds is hard to say at this writing. We had thought that the middle of July would see the reconstruction well under way and the greater part of the nursing program completed, but this is unlikely now, for reconstruction activities are deferred indefinitely.

My story has grown long and yet not the half or the quarter has been told—only a few of many indelible impressions of the greatest peace-time disaster our country has ever known. Terrible as it was, we who were in the work shared in a shining experience, for we saw in the workers men and women lifted above their daily selves—at their best. And there was so much of beauty in their best that our quondam incipient cynicism was buried under a reborn courage and faith in mankind.

Although we have not had authoritative word as to the exact number of planes employed in flood work, it was reported fairly early in the inundation that more than fifty were in constant daily use, locating refugees, plotting maps, transporting supplies and workers, and making photographs. Sea and airplanes both were included in the number, donated by Army and Navy. One has only to refer to Miss Fox's story above to realize the speed of the catastrophe which made this means of relief imperative.

RÔLE OF THE PUBLIC HEALTH NURSE IN COMMUNITY MENTAL HYGIENE *

FRANKWOOD E. WILLIAMS, M.D.

Medical Director, The National Committee for Mental Hygiene, New York City

Editor's Note: In connection with Dr. Williams' article we call attention to the series of papers we have been publishing on Mental Hygiene Programs as carried out by Public Health Nursing Services.

IT IS becoming a little easier, I think, to see what the personnel of the mental hygiene movement will probably be. In the past it has not been easy to see sometimes because we have been in a developmental stage, but it looks now as though the mental hygiene movement, in its personnel aspects, would follow very much the same lines, with some modification, as the field of general public health.

The general public health movement is professionally led by specially trained medical men, or even more specially trained non-medical men, such as the doctors of public health, with the nurse as the public health officer's chief assistant in the community. He may receive some assistance from the social worker and if he is to succeed in his work, he must eventually have the coöperation of parents, and teachers, and finally of even the school children themselves.

I believe that, in the way of personnel, mental hygiene work will follow much this plan. Mental hygiene work must be professionally directed by specially trained medical men, known as "psychiatrists," or by specially trained non-medical persons, known as "psychologists," or possibly eventually by a third type of person not now available who will be a still more precisely trained person, combining the elements of both psychiatry and psychology in his training, but who, at the end of the training, will be neither a psychiatrist nor a psychologist. That type of person does not

exist at the present time, and there will be a good many difficulties to overcome before he is evolved.

The psychiatrist has as his chief assistant in the community, a new type of worker who has been created to meet a very particular need, the psychiatric social worker. She has more than met the expectations that were held for her, and unquestionably is a professional fixture. Her training has been a matter of study and experimentation for the past eight years, and we now know pretty well what that training should be.

Other Technicians Required

The technical problems in mental hygiene, that is, the actual handling of cases—diagnosis, treatment, and the like—will probably rest in the hands of these three professional groups: the psychiatrist, the psychologist, and the psychiatric social worker. But just as it would be impossible to progress in public health if the only people engaged in public health activities were the public health officer himself, his nurse, technical assistants and laboratory people, we should not progress very far in mental hygiene with just the three groups mentioned. There will never be enough psychiatrists, psychologists, or psychiatric social workers, to enable us to manage the multitude of problems that exist in any community, and we shall never make progress if these groups alone are entirely responsible for such work as is done. In addition to these rather

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technical people, there are required, as in general health work, the coöperation of the nurse, the teacher, the parent, and the general physician.

Others might be mentioned, but these are probably the more important groups. As in the instance of public health, there might be included eventually the child himself in the school, but one needs to go carefully here, because though much can be done with the individual child in the hands of the proper person, we are a long way from the time when much advice can be given to school children along mental hygiene lines, such as we are now giving to children along physical health lines. The time will come, possibly; I hope so.

Work in Home and School

The homes are the places where many of these problems arise. The homes and the schools are the infectious spots from which the nervous and mental diseases, and maladaptations are produced—and I include in this not only the actual crystallized forms of maladaptation, but the still more important, socially, character twists and the personality twists, that make the difficult people in the community. These are just as dangerous as the polluted water supplies with which the public health man is dealing.

It will be in the home and in the school that the mental hygienist will eventually either win his victories, or meet his final defeat. When we talk of the world of the home, or rather, the world of education, and the world of parenthood, we are, of course, almost encompassing the world itself; so it is a pretty big problem, and it is perhaps best not to expect too much too soon.

Parents are of all grades of intelligence, and parents have made all grades of compromises with life. Naturally, they are not going to be an easy group with which to deal, when it comes to mental hygiene. It may be possible to teach them to feed their children spinach; or even that their children should sleep and eat regularly,

and have fresh air. These are matters they can easily come to understand. In the field of mental hygiene, it is difficult for parents to conceive that they themselves are responsible for the nervous condition and bad behavior of their children. They are so aware of their own conscientiousness and good intentions that it is difficult for them to accept this responsibility.

The most conscientious persons may be doing the very greatest of damage, and the fact that they are conscientious or well-intentioned has nothing to do with it, nor does it mitigate the situation.

With notions of conduct deeply ingrained, as they are, not only in the minds, but in the whole emotional make-up of parents, we are up against a very difficult situation when we try to show them otherwise. It is very difficult for parents to understand that a "good" boy is sometimes a very unhealthy boy, and that being a good boy does not necessarily mean a healthy boy but may mean just the opposite. It is just as hard for them, or for the neighbors, to believe that a so-called "bad" boy may be a very healthy boy, of very sound nervous and mental health.

Such a conception requires too great a change in point of view, and of philosophy; it is too great a reversal to be easily accepted; it makes a topsyturvy world, where good ceases to be synonymous with healthy and bad with unhealthy and where the blame for a bad child is placed upon conscientious parents; it is so completely out of harmony with the parents' philosophy of life and the emotional props which they have brought into their own lives to support themselves—that is, the various social amenities, the religious, the moral, and the ethical codes, none of which they have really thought through or investigated, but which, after shaking the bottle well, they have applied as prescribed by someone else, to the sore spots which they have themselves received as a result of their contact and conflict with life.

A New Grade of Parents

It will be a generation, or more, before we can expect a very great deal of assistance from parents in these matters; not until there has come, through the schools—different kinds of schools—and through the colleges, a group of individuals who have been differently trained, who are themselves freer of emotional defects and who have some understanding of these matters. Not until then can we hope for much from parents.

In the meantime, unless the whole matter is to go by default, we must apply ourselves to what can actually be done in the situation, difficult as it is, and far from ideal as it is. Two things occur to us as possible: one, where parents are teachable, they can be taught; and the other, to be on watch at various points for children who are breaking—not wait until they develop a definite neurosis or psychosis but watch for the very early signs of emotional maladjustment and, as we find these children, bring them the assistance which they need in order properly to reorganize and make safe their lives.

The Nurse's Opportunity and Training

These two things we can do and get results, while this new parenthood is being trained, and here is where the nurse comes in. The public health nurse has an unparalleled opportunity, both for discovering individuals who need assistance, and for teaching those who are teachable; there is probably no professional group in the community that has quite the opportunities of the public health nurse to accomplish these two most important things in the projects that we must undertake in the field of mental hygiene.

For the nurse who desires to become a technical assistant to the psychiatrist, there must be the training that is now required for the psychiatric social worker. For this particular purpose there is no other training that can be substituted. Any nurse who wishes to become a technical assistant to a psychiatrist in this work, must be trained precisely as is the psychiatric social

worker, or take that part of the training which has not been previously included in her training as a nurse.

The great majority of nurses will not desire to do this, but will prefer to remain in their own professional lines of work; but if the nurse, as a nurse, is to understand the two projects mentioned above, then, another step is necessary. If she is to instruct others along these lines, then she herself must be instructed. For her to carry into the home, under the guise of mental hygiene, merely the platitudes that she has picked up in her experience in solving her own problems, or a philosophy of life which is purely personal and which is not necessarily either healthy or wise, is not mental hygiene, even if it is done with the greatest conscientiousness and good intentions. [If the nurse is to instruct, she herself must be instructed, and she must learn how to identify those who are in need of assistance.

Training—How and Where

How and where can she be instructed? There are two bodies that must be considered: one is that group of nurses already graduated and at work in the field, and the other is that group who are now in the process of their training. As to the latter, the situation would seem to be quite clear and to offer no particular difficulties. Their needs are met when adequate courses are placed in the curriculum.

The situation, so far as it concerns mental hygiene and the nurse, will not be met until adequate courses are in the curricula. And these courses will not be limited to lectures in academic psychology, nor to tracing nerve tracts up and down the spinal column, nor to memorizing signs and symptoms of mental diseases. These are totally inadequate to the needs of the public health nurse who will have to deal much more frequently with temper tantrums and eating idiosyncrasies than with dementia praecox or general paresis.

Obviously, the work in the schools of nursing cannot be all the work that is required in the training of the psy-

chiatric social worker; that would be unnecessary, but it must be somewhere between that which would be a maximum, and the present minimum.

The courses that would probably be necessary or adequate would be essentially such as those that have been worked out for the preliminary courses at Smith College School for Social Work, the New York School of Social Work, and the Pennsylvania School of Social and Health Work. The courses at Philadelphia are designed for graduate nurses who wish to familiarize themselves with this material. All of these courses have been carefully worked out, particularly those at Smith and at New York. I think they offer an abundance of suggestion for those in the nursing schools who wish to develop something that will be adequate, but which, at the same time, will not be so elaborate as that required of the psychiatric social worker.

In the field, we have a very difficult situation, and yet, some suggestions have been coming along—worked out, in most instances, by the nurses—that are going to be very helpful. Here is a great body of able women at work in the field and anxious to meet the responsibilities they feel. It has been difficult to know how to advise the nurse, to point out means by which she could make herself competent in the mental hygiene field. Reading, obviously, is not enough, although something is accomplished thereby. Attending courses of some popular lectures is not enough, although something is gained thereby, also.

Value of Demonstration

From the results of experiments that are being tried at the present time, and from my experience in watching and having some part in the development of training for social workers, I believe that aside from reading and lectures, the nurses—the large nursing organizations in the field—will get their best instruction through demonstration. I refer here to the work that is being done in one of the great nursing associations in Boston, which, as some of you know, has employed Miss Donohoe, a

skilled psychiatric social worker, who has come into the nursing organization, not as a nurse but as a social worker, to see what problems are to be met in the work of that organization; to work out a method for handling these problems in conjunction with other organizations and facilities in Boston; to instruct the nurses themselves in the recognition and management of these problems. This, it seems to me, is most important. It is one thing to attend a lecture upon a certain mental hygiene subject, and come away with a vague sort of notion about certain things; it is another thing to have a case in your own field with which you yourself have been working, and then have somebody come in and work upon that case with you. You will learn more through working out that one case with somebody who is informed and trained, than by going to many lectures of a general nature upon the same subject.

An experiment has also been tried in Chicago among a great body of social workers, who are in much the same position to-day as is the great body of nurses; they are not trained in this particular field, and yet they are dealing daily with these problems, and have to meet them as best they can. Obviously, all these workers cannot be brought into formal courses, for instruction.

In Chicago, this large social working organization employed a psychiatric social worker, Miss Myrick, who supervised and directed the work of this kind in the organization, and worked with the individual social workers upon their problems. The results, I understand, have been excellent.

There is still another precedent; that is, the work of the nutrition workers with groups of nurses such as in the Community Health Association of Boston, the Visiting Nurse Association of New Haven, and the East Harlem Nursing and Health Demonstration in New York City. This has been an experiment, I understand, to find out whether or not it would be possible for a worker, not a nurse, but with

special knowledge or skill in an allied field, to come into a nursing organization, and carry on within that organization, with the assistance of the nurses. In this instance, it happens to be nutrition workers who have been set to work with a group of nurses coöperating with them, and, no doubt, instructing them to a certain extent in regard to certain special problems that are not covered in the nurses' training. It is reported that these experiments are working out very well.*

It seems to me that these experiments offer very valuable suggestions to us in the mental hygiene field, as to how it may be possible to assist the public health nurse, now graduated and at work, to a greater usefulness in this field, by bringing to her or to her organization, workers who are specialists in this particular work, and who may assist her to a better understanding of the mental hygiene problems met daily in her work. In doing this it is possible to give her probably the most effective type of instruction.

The same problem exists in exactly the same way with school teachers; even more critically, because they have such constant contact with the students. When eventually the school teacher, and the nurse, and, after a time, the parent, become adequate in

this field, there are many problems which will be handled by them. I think we all look forward to the time when a great many of the problems now brought to the mental hygiene clinic, or to the psychiatrist, or to the psychiatric social worker, which are of importance, but which are still simple at this particular stage, can be handled by the nurse, the general physician, the school teacher, the school physician, and even by the parent. There will come, then, to the psychiatrist and his specialized assistants the more difficult cases, which are quite beyond what should be expected of those not specially trained.

There is an important field in mental hygiene for the public health nurse. We are all anxious to see her equip herself to take up this work; we are glad that she herself is becoming interested. It seems to me that her work consists, not in being a psychiatrist, nor psychologist, nor psychiatric social worker, but in being a really good nurse; sufficiently trained to serve as an advance guard in the recognition of unhealthy emotional habits and reaction pattern, especially in children, and of nervous and mental disease and defect and in the instruction of parents as to the healthy emotional development of their children. She has unlimited opportunities.

* Since this paper was read the Visiting Nurse Service of the Henry Street Settlement, New York City, and The National Committee for Mental Hygiene have entered upon a similar coöperative study. Miss Glee L. Hastings, an experienced psychiatric social worker, has been employed by the National Committee and assigned to the Visiting Nurse Service to study methods by which the work of the psychiatric worker can be integrated with the work of a nursing organization.

A statement bearing on the therapeutic value of liver in the treatment of pernicious anemia, as recently suggested by Minot and Murphy (see article in our June number), is made in an article by Nina Simmons, Sc.D., Department of Chemical Hygiene, School of Hygiene and Public Health, Johns Hopkins University, which was published in the April 2nd number of the *Journal of the American Medical Association*. In discussing experiments made on rats for vitamin E, Dr. Simmons states that she believes that her data afforded "convincing evidence that in vitamin E we have a substance specifically related to iron assimilation," her experiments having shown that when vitamin E was lacking in their diet the animals were unable to assimilate iron properly. She adds, "Liver fats contain vitamin E in considerable amounts and liver contains much iron. The special value of liver in the diet recommended by Minot and Murphy lies in its content of vitamin E and of iron. Our work offers a new interpretation for certain experimental data of other investigators who have attributed pernicious anemia to lack of vitamin A."

ADVENTURES IN NEW MEXICO

By DOROTHY R. ANDERSON

Chief, Divisions of Child Hygiene and Public Health Nursing,
New Mexico State Bureau of Public Health, Santa Fe

Days that are full of heart dreams,
Nights when the moon hangs low,
Beaming its benediction o'er Nuevo Mejico.
Land with its bright manana,
Coming through weal and woe,
State of our esperanza,
Is Nuevo Mejico.

From "O, Fair New Mexico"

THE foregoing verse from our state song gives a little glimpse into the fascination that holds one while working in New Mexico. The combination of Spanish and English used in the song is typical of the language we constantly hear about us. Many of our Spanish-American people still use Spanish as their native tongue so it is necessary to know at least a little Spanish in our work. We find if we greet them in Spanish and do our best to speak their language, they will use what English they know, so between the two languages coupled with the sign language we can usually make ourselves understood.

My work takes me into so many quaint, unusual, off the beaten track types of places that it is hard to select the most interesting among our experiences. The following story gives a glimpse into quite a typical settlement in one of our mountain districts.

Last fall the part-time county health officer in one of our isolated counties sent word that a report of eight cases of typhoid in one of the extremely remote mountain districts had come in. As I happened to be in the county at the time he asked me to go with him to investigate. We drove up narrow winding forest service roads for many miles and finally stopped at one little village to get the Catholic priest, who had reported the epidemic, to accompany us to the typhoid infected town.

We found there had been two or three undiagnosed cases of typhoid in the village about three weeks previous to our visit. Of course, there had been

no care of excreta, which had been thrown out on the ground and then had been washed into the acequia or ditch and had drained into the surface wells. The town had been built on the steep banks on either side of the ditch and the ditch water was used for the community water supply, so it was easy to see how the epidemic had started.

A very quaint old church, built in 1610, still is used for worship there.



The Author Ready for the Road

The original paintings are still on the walls. They are very crude in detail but the colors are apparently as brilliant as the day they were painted. There are also old Aztec designs on the ceiling below the choir loft. When one stops to think that this village has been continuously occupied for at least three hundred and twenty years and that this mountain stream has been used for the water supply for the village people all

this time, one can get a little idea of how hard it was to try to get them to boil their water. We had no typhoid vaccine with us on that first trip but we tried to teach them the care of the patients, with special reference to care of excreta and diet. The favorite articles of diet we found were tortillas, beans, soup, and coffee. The soup of course was all right and we tried to introduce milk and fruit juice and things of similar nature to take the place of the beans and tortillas. When we tried to get some warm water to wash our hands we found they used their tea kettles for coffee pots.

Our first visit was on Saturday and on Monday afternoon word came in that there were twenty-two cases. The total population of the village was only about one hundred and twenty-five.

The health officer called on our department for nursing help, so we got together simple hospital supplies, typhoid vaccine and two bed-pans for the worst cases and started out. I could only stay a few days so we took with us a Catholic nurse, as this was wholly a Catholic community. The health officer and priest met us and we at once started the vaccination of all contacts. As the date of incubation was practically up before we got word of the epidemic, a total of forty-four cases developed.

The nurse we left there did excellent work in teaching the people how to

care for their sick, as out of the forty-four cases we had only one death and this was a man who did not go to bed until the third week of the disease. A number of the cases were extremely ill and we had one or two hemorrhage cases. It seemed difficult to hope they could get well, there was so little to work with. A number of the patients were lying on pallets on the floor or two in one bed, if they chanced to have a bed.

This was a Spanish-American community and none of us spoke much Spanish but we managed to get along pretty well in spite of the language difficulty.

I have spent much time on this one adventure but this little narrative will give an insight into the type of work we do.

Our nurses find the native people very grateful for what we can do for them and much more ready to follow advice than many of our Anglos. Where they are used to a county nurse they send word for her to come to their villages if she has been unable to visit them as often as she would like. This appreciation of our work compensates in great measure for the distances we have to travel, the often atrocious roads, and for the isolation and lack of those social contacts the nurse is accustomed to before coming to New Mexico.

Willa Cather paints exquisite word pictures of New Mexico in her new novel *Death Comes for the Archbishop*.

"He closed his eyes and thought of the high song the wind was singing among the straight striped pine trees up in the Navajo forests. . . . In New Mexico he always woke a new man. . . . the light dry wind blowing with the fragrance of hot sun and sagebrush and sweet clover that made one's body feel light and one's heart cry 'Today, today!' like a child."

In the June issue of *THE PUBLIC HEALTH NURSE* it was erroneously stated that Miss Florence Patterson is the new chairman of the Committee to Study the Advisability of a Midwifery Course for Nurses. Miss Elizabeth Miller continues as chairman of this committee and Miss Patterson is chairman of a sub-committee which is to confer with representatives of the American Medical Association.

We regret that the notes on Measuring Rods which appeared on the editorial page of our June number were printed without signature. These were contributed by Miss Bettie McDonald of the Public Health Nursing Association of Louisville.

THE COUNTY NURSE AND THE COUNTY FAIR

COMPILED BY M. CARTER ROBERTS

THE nurse who is giving an exhibit at her local fairgrounds this fall will scarcely need instruction in the importance of her undertaking. It has been some time since this project was recognized as a health publicity vehicle and its value is proven. Workers, rather, at the present time, are simply inclined to interest themselves in how they may bring their proposed exhibitions to the greatest effectiveness. Without presenting the claim that we have a formula for this desirable result, we submit the following more or less concrete suggestions in the belief that with a certain measure of adaption they may be usefully applied.

THE IDEA TO BE PRESENTED

The chief thing about the subject of an exhibition to be made in a crowded and confused place is that it should express *one main idea*. The presentation of *several* kinds of public health work will not result in a clear impression of any one of them in such an atmosphere. It has been found to be by far more effective to use only one, that one being suited, of course, to the local situation and interests. We suggest that the nurse select definite aspects of one of the following:

- Home health measures
- Community health needs and measures
- The work of the local health organization
- Whatever health situation is uppermost in her territory at the time.

THE SCOPE OF THE PRESENTATION

The elaboration which the nurse may permit herself in setting her idea out will depend largely on her exhibit space. She should make an effort plenty of time in advance to get the best location and room possible, urging such committee members as may be able to do so to use their influence to secure a good setting. Not until her space is determined, however, can she plan her exhibit specifically.

If what is given her be shallow in dimensions, her exhibit will have to be displayed to a moving line of people and the resultant requirement is that it be very simple and entirely *obvious in meaning to the first glance*. The late Stella Boothe Vail, writing in *THE PUBLIC HEALTH NURSE* on health exhibits at fairs, said in 1923 that the display in a shallow space did well if it conveyed "by picture, text and literature," even the following simple points:

The local nurses wear a certain color uniform.

They care for the sick and instruct in the care of babies.

They visit homes when they are called and the telephone number is so and so.

In such a space, therefore, only a few objects and those very easily understood ones should be used. They should be strikingly arranged and a harmonious and attractive color scheme is an important feature where there is simplicity of material. An explainer should be on hand to make even the limited meanings unmistakably clear and a *single* leaflet or a health questionnaire may be given to departing visitors.

On the other hand, if the space is deep and people may enter the booth, there arises the danger of confusion. *The principle of one idea* holds good here still, but in generous surroundings more aspects of the chosen theme can be shown. If that theme is home health measures there may be exhibited a healthful nursery, a healthful sleeping room, a clean kitchen, and so forth, whereas in the shallow space the display would necessarily be limited to a single phase of the subject, such as sleeping with open windows, providing children with clean, sunny places to play in or using screens. Even in the deep space, however, these various aspects *should be kept separate* and each should be carefully labelled, while

a thoroughly unmistakable label, preferably on the outside of the building or tent, makes plain the general subject.

Such an arrangement inside the tent as will bring the different aspects of the idea to be emphasized before the spectators in logical order is another help in avoiding confusion; it can be achieved by roping off a walk around the tent and providing an explainer at the entrance to see that the people coming in take the right direction. Physical as well as mental confusion is offset by this device, as it prevents pushing or crowding. It is well to remember the following rule in placing the display:

The principle of unity in arrangement is to grade the objects by their importance and place them all with relation to the center of the display space.

Even in a fairly large tent there should be that effect of simplicity which just a little overcrowding can destroy. It is a valuable effect for it both rests the weary sightseer and brings home to him the nurse's message with the least possible effort toward receptivity on his part. Space allowed between objects affects the whole exhibit like the use of white affects a printed advertisement. A mass of material is only confusing, even though it be devoted all to one subject. Particularly in the use of placards should the nurse be conservative. Experienced exhibitors advise only the fewest possible and those very pointed to the subject. If placards are made for the occasion they should be brief and lettered by a professional card writer.

A few color principles which will be found useful in arranging a display are given below:

The primary colors are red, yellow and blue; the secondary, orange, green and purple.

Red, yellow and orange are called, for their quality of enforcing attention, *advancing*. Blue, green and purple, being less attractful, are called *receding*.

A color is at its best with its complementary. Complements are as follows: red for green; yellow for purple; blue for orange.

There are three kinds of color schemes, monochromatic, complementary and analogous.

Monochrome schemes use different shades of the same color—soothing when employed for publicity rather than striking.

Complementary schemes use one primary and its complement. They are usually forceful, but attractive only at the discretion of the person employing them.

Analogous schemes use related colors, that is, any color made from two primaries with the same primaries; for example, yellow and blue with green, red and yellow with orange or red and blue with purple. This is better than either of the others.

These are simple points but they can greatly influence the effectiveness of display material.

INTEREST CATCHING DEVICES

Familiarity

An unfailingly effective point in any display is the use of familiarity. The public, even in learning something new, likes to be instructed in terms of things which it understands. The nurse exhibiting to a rural community should use material adapted to the daily life of the farm; in a community populated by any foreign group she should use appropriate settings, striving to make her plan have personal significance to the greatest part of her spectators.

A pin map indicating the prevalence of tuberculosis, the number of children immunized against diphtheria, farms or houses equipped with safe water supplies and good sewage disposal, houses where babies have been born during the year, and so forth, is a familiarity device. People will be seriously intent on "looking themselves up" and noting the relative standing of their community.

Motion

So important in keeping and drawing interest is the idea of motion that no exhibitor can do better than use animated objects, not forgetting, of course, that the things which move must be pleasant, understandable and pointed to her purpose.

A very good display which makes use of motion is the revolving theater. This consists of a revolving circular platform on the same principle as a merry-go-round except that it may be operated by hand. The platform is quartered or otherwise divided and so

mounted in a tent that only one section can be seen at a time. A suitable health scene is arranged in each and the whole is slowly turned so that a new set is constantly being brought to the front; the movement stops people and the suspense of wanting to see what will come next keeps them.

Another exhibit which employs the idea of motion is the one which represents, on a reproduction of the county's actual topography, the nurse making her rounds in a miniature automobile. There can, of course, be stationed along the route the school, the house with the new baby, the tuberculosis cases, the health center, and so forth, and such a display must be assisted by a clever explainer with a good entertaining talk. This would be used outside her tent to attract people; inside she could have sections of the tent corresponding to the miniature nurse's stops with model figures showing her service.

The projector or attractoscope is another motion device, but the screen on which scenes are shown, if it be used, must be set up in an appropriate health setting. Just the screen itself will not hold a crowd. People must be made to feel first a sort of special anticipation. A good speaker is indispensable in such a case. It is suggested that only a few slides, possibly six or eight, be used. People will then be sure to see the whole series.

Surprise

Not to be equalled, perhaps, in the business of drawing a crowd is the exhibit in which there is given a first-aid demonstration. An effective way of doing this is to present an imitation accident. A case of electric shock is the most convenient kind of mishap, as it calls for nothing more difficult than a fall to the ground by a supposed electrician at work and a scattering of a few wires. With appropriate clatter the first aid unit rushes up and needless to say a crowd gathers. The doctor gives a realistic demonstration of first aid work, making it as dramatic as possible. Then the doors of the health booth are thrown open and the doctor,

with what must be an excellently persuasive talk, invites the people to enter. This, however, cannot be indefinitely repeated and must be done with extreme tact.

Service

But perhaps any exhibition gets its greatest attractiveness from its combination with a free service. If the nurse lets it be known that her tent is open for a rest room for mothers with children she has almost automatically provided herself with an audience. She can screen off a section of her space for nursing mothers and she may be able to arrange for babies to be left with her while their mothers see the sights. Of course she will have in plain sight duly arranged exhibits of child care and she can add a free weighing service. The assurance of a cool, comparatively quiet place to sit is usually welcome to the woman with children.

The following suggestions for such a service are made by the Division of Infant and Child Hygiene, Indiana State Board of Health:

Two rooms or tents may be arranged for, one for sleeping babies, and one for babies who are brought to the nurses to be cared for.

The arrangements will depend somewhat on the amount of space but always some exhibits can be shown to exemplify correct and convenient methods of baby care. If two rooms are provided, it is better to have the sleeping room separate from the play room.

In warm weather, grassy or sandy space may be enclosed outside with a small fence, and a sand pile and other outdoor things provided for. It is always well to have something for children from eighteen months to five years to play with when not asleep. A long, low table, small chairs with kindergarten equipment will be of assistance. Individual playthings are likely to be the instigators of quarrels. Toy balloons are always attractive and are not expensive; the handling of these, however, may be limited to concessions, a possibility which the nurse should investigate. Spoons, shovels, blocks, balls and empty cans are better than more elaborate playthings.

A canvass of the neighborhood will usually bring to light ten or twelve beds for the babies. Merchants may be sometimes called upon to loan them. Bedding is usually

supplied by women's clubs or the Red Cross. There should be plenty of shaker flannel blankets for damp or cool days. Clothes baskets may be used as beds for the smaller babies. For these pads can be made of cheese cloth, filled with cotton, and mosquito netting should be provided to protect the children from flies.

A sanitary drinking fountain with paper cups and an ice-box or refrigerator should be arranged for. Mothers find it convenient to put milk for the babies in the refrigerator until time for the baby's use. Boxes of crackers should also be supplied. A small alcohol heater or oil stove may be used for heating baby's milk. You may be able to secure your milk supply from dairy cows on exhibition or from local dairies. There should also be wash basins, squares of gauze, plenty of old newspapers, a small tea kettle, paper towels and basins for heating milk.

There should be a person at hand at all times to register the babies as they are brought and to check them some way so that the attendant may readily locate the baby when the mother calls for it. One committee should see that the mothers are supplied with things they need and made comfortable when they are in the tents to nurse their babies or to rest. Two women under the nurse's supervision can take care of the babies. Kindergarten teachers are well qualified to supervise the play of the children. Helpers may work in relays if necessary.

Plenty of chairs and benches should be at hand for the mothers to sit on. The nurses should be alert at all times to talk with the mothers concerning the health and care of the children. At least two tables should be in the tent, one low enough for changing the babies' clothing.

It is well in connection with a project of this kind to have the downtown merchants arrange a window display pertaining to child health. If it can be done tactfully, it is well to have these windows censored by a doctor or nurse, so that things that are undesirable such as pacifiers, etc., should not be present in the exhibit.

If it is desirable to make the exhibit a scene for health or dental examinations the chief work will be developing a smoothly running organization. The equipment will be regulation, but children must be registered beforehand, appointment time set for each child, places provided for the parents, sufficient interest aroused to insure the attendance of a respectable number, and clerical help secured for recording the results. A helpful description of how such an exhibit was staged at a state fair (Indiana) is contained in an article

in the December, 1926, *Nation's Health*.

One successful attraction has been a simple dial scale on which a nurse weighed all comers and then recorded that weight on a card with the person's name, age, height and proper weight. On the back of this card it was explained that weight alone does not measure health, and advised that a thorough physical examination should be made.

Another successful exhibit conducted by nurses featured the care of the baby. The nurse was supplied with all the necessary equipment for bathing the baby and preparing feedings. There was also strung up on a wash-line, high where everyone could see it, a baby's layette. Instead of a real baby, a waterproof "Chase" doll was used. The nurse gathered about the table a few mothers and went through the performance of bathing the baby, dressing it, and putting it to bed in its little basket, keeping up a delightful chatter, and then invited questions.

Another suggestion that might be made is that nurses should be equipped with lists of available literature. On this list should be a space for the person's name and address. This is much better than handing out leaflets promiscuously.

Entertainment

Service may not necessarily be limited to supplying a place for people to gain physical rest, however. There is mental relaxation as well. If she has a room that can be darkened and well ventilated the nurse can show a movie which furnishes entertainment as well as teaches. The combination of rest, pleasure and instruction is one of the best means of gaining an appreciative interest that a health worker can offer. A tent, however, does not lend itself to moving picture exhibition. The use of animals, a well-fed and an under-fed pair of rats or guinea pigs, is a choice which interests people usually.

Rivalry

A health questionnaire is a device that can be used equally well in state

or county fairs. The idea for this type of show, first set forth in an article by George Truman Palmer in the November, 1925, *Survey-Graphic* covering city health problems and entitled "What You Can Do," was revised by the Minnesota State Health Department for its state fair exhibit in 1926. Twenty-two questions were made out designed to cover matters pertaining to county health situations in that particular state and the blank was given out at the fair. People from various counties filled it in. The results were posted and a sense of rivalry between counties was consequently stimulated. In a county this scheme could be adopted easily by townships, communities or school districts. An attractive lay-out for the questionnaire is of course necessary. Reprints of the original one may be had from the American Child Health Association and should be of assistance to anyone planning a similar undertaking.

ADVANCE PUBLICITY

When it comes to advance notices there is much that can be done. Newspapers are always glad to have a good story and will usually run pictures. Merchants can easily be brought to use nursery furniture or child health equipment in their windows a bit before fair time, especially if they are donating anything to the booth, when of course they should have acknowledgment. Health films may be run in the theaters with an appended notice of the coming exhibition.

Contests may be organized among mothers by sending out a questionnaire on child and baby care and giving a prize to the woman who answers the most points. A good amount of publicity, too, can be secured through certain of the nurse's ordinary duties without her undertaking extra ones. In her school work she can explain to teacher and pupils that she will have a place at the fair next fall for any good health work they may accomplish. Should they make a sand table picture of a model playground or a school with proper sanitation she will exhibit it for

them. A contest in health work can thus be organized among a number of schools. Quite as well as sand table work, she can ask for needed school sanitary improvements. She can start a contest for the best local construction of a drinking fountain, or installation of equipment for serving warm lunches, or for the highest enrollment of health honor children. The fountain or lunch equipment she will exhibit at her booth and the children may have their pictures in a blue ribbon book, also to be exhibited. These are economical activities which provide advance publicity, for they will carry over into the homes when the children tell their parents about their rivalries, and also automatically supply exhibit material, but do not require more time than is expended on regular school work.

COMMITTEE HELP

The nurse herself, however, ought not to have the full weight of the undertaking. The health officer usually assumes the responsibility for it and the board should help in all fetching, carrying, calling and forming and executing plans. She, knowing her members, will select committees beforehand, carefully estimating and assigning tasks. Her committee should

- Help obtain supplies.
- Secure good space.
- Interest the press.
- Put direction signs in the fairgrounds.
- Provide explainers at the booth.
- Help in handling the crowds.
- Distribute literature.
- Help in the service tent or with examinations.

COMMON-SENSE APPEAL

There are the pageant, the health parade, the health drama and similar entertainments in which people of the community take part, spectacular and interest-rousing, but full of drawbacks. They must be rehearsed, which calls for considerable organizing on the nurse's part. They must be costumed, which means an annoying expenditure of time from mothers at a busy season. And there is always the possibility of a hitch where amateurs are performing

with the attendant risk of the sublime becoming ridiculous. Moreover, exhibits should be planned with an attempt at adaptation to as nearly as possible a *universal* point of view and, while a portion of her community may be influenced by the spectacle of milk fairies dancing with spinach sprites, the nurse cannot expect to reach by such material one certain hard-headed type of citizen and taxpayer who is to be found everywhere. He will not understand why he should be urged to drink milk by fairies. Why fairies? Well,

and indeed why? Back of the county fair's festivity there is a solid traditional spirit of practicality. Fairs originated as trading points at which every man hoped to better his neighbor in a bargain.

The nurse should make it plain that she has something which is profitable. Let her present it so that it will accord with that frame of mind, so that it will seem, to put it frankly, well worth its price. Toward this an impression of a service rendered in time of need will go farther than will anything fanciful.

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When is an Exhibit. Free.

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Bulletins of State Health Departments.

Bulletins of State Tuberculosis Associations.

Bulletins of State University Extension Departments.

Reprints of the above article will be available immediately. Price, \$.15.

POINTS IN EQUIPMENT

When purchasing furniture for the new Administrative Building of our Association the ever important question of room space confronted us. As our ideal, of course, individual table desks were considered, but our space was not elastic enough.

A Kiwanian, who was much interested in our problem, suggested the individual adjustable school desk shown in the picture. The drawer at the side is adequate for extra blanks.

These desks have answered every purpose. We are able to seat 22 nurses with ease. The desks all face the supervisor's desk, and are arranged in rows with an aisle between, so it is easy to give individual attention to a nurse when necessary.—*Instructive Visiting Nurse Association, Richmond, Virginia.*



Made by the Virginia School Supply Company

SUMMER CAMPS FOR CHILDREN

In the interest of the increasing number of children who go to summer camps we call to our readers' attention the fact that the National Health Library, 370 Seventh Avenue, New York City, has an excellent bibliography of camp literature and that the bulletins of the Departments of Health of most states carry articles yearly on the latest developments in camp sanitation and organizations.

From a survey of a number of recent publications on camps, we offer the following rules as covering the most common points of agreement suggested by various authorities:

Children should be chosen for camps through the endorsement of physicians, school principals and health agencies. Those who have had contact with tuberculosis, cases of malnutrition and convalescent children should be given first consideration.

A health program should include:

Daily inspection

Short daily period for health education

Supervised morning and afternoon rest periods

Mid-morning and mid-afternoon lunches

Weekly weighing and measuring, charts being kept for each child and explained to him.

Supervised rising, retiring and eating.

Communicable disease should be guarded against before the campers are assembled by physical examination or the requirement of a physician's certificate of good health from every individual. Facilities for quarantine should be kept up and a separate building maintained for an infirmary. Disease should be promptly reported to the local health department, for which emergency efficient telephone service should be assured.

The camp site should be selected with respect to water supply, drainage, character of the soil, sunlight, and daily accessibility to perishable foods, milk, eggs and vegetables.

Clay makes a bad soil because it does not afford a proper absorption of moisture. Too much shade does not allow the ground to dry after rain or even after foggy damp weather.

The camp house should be selected with respect to simplicity, in order that it may be cleaned easily; and with respect to proper light, ventilation and screening. The most satisfactory style is that which accommodates only a small number—not over four or five. In case of the appearance of communicable diseases a small house renders control much more efficient.

Sleeping quarters should be on high ground, well ventilated at all times, day as well as night. Arrangements should be made for ventilation in wet weather.

Kitchen sites should be selected with reference to distance from toilets, to sunlight and to space. Kitchen equipment should include sanitary sinks, food trays, an ice box which will hold enough to contain all such provisions as require to be kept cool and sanitary garbage containers. Cooks and kitchen employees should be examined for communicable diseases and questioned as to what diseases they have had, especially as to typhoid fever.

The dining room should be thoroughly screened and well ventilated. Food should not be put on the table before the campers arrive nor be exposed to insects in passing from the kitchen to the dining room.

The great question of camp sanitation is the final disposal of refuse and sewage.

Helpful suggestions may be found in the article *Choosing the Camp* which appeared in the April issue of *Children, The Magazine for Parents*, and which, with a bibliography on the subject, is now available in reprint form from the magazine offices at 353 Fourth Avenue, New York City.

We appeal to our readers. Certain copies of THE PUBLIC HEALTH NURSE are wanted for an urgent purpose—to complete the set of fifteen volumes which we are presenting to the Headquarters Office of the International Council of Nurses at Geneva. Will any nurse who has and can spare one or more of the following numbers kindly send them to headquarters in order that they may make our gift complete? We will gladly pay for postage.

1909—January, October

1910—January, April, July

1912—January

1913—January

AN OUTLINE OF THE MEDICAL AND NURSING ACTIVITIES OF THE U. S. VETERANS' BUREAU

BY MARY A. HICKEY

Superintendent of Nurses

AS we look back over the brief history of the United States Veterans' Bureau Nursing Service, the youngest and the largest organization of its kind, we find an inspiring story of growth and achievement. There have been disappointments, mistakes, and, at times, discouragement; but these have, after all, been but a challenge to fresh courage and renewed efforts in meeting and mastering our problems.

The Medical Service of the Veterans' Bureau has under its care the largest number of patients under one organization in the United States, if not in the world, there being a patient census of approximately twenty-six thousand in our hospitals at the present time. In addition to this number there are about twenty-eight thousand now under the supervision of our follow-up nurses and many thousands daily being treated in our dispensaries.

The Veterans' Bureau conducts 52 hospitals, where the best type of medical care and treatment is given to honorably discharged veterans, not only of the World War, but also of any war, military expedition, or military occupation in which this country has been engaged; these benefits also being extended to Army nurses who served in the Spanish War and the World War. The majority of these hospitals are of the most modern construction and equipment.

The Veterans' Bureau also conducts 74 dispensaries for the purpose of giving out-patient relief to those disabled veterans of the World War whose disabilities are the result of their military service. These dispensaries are under the jurisdiction of the Regional Offices throughout the country, there being one

Regional Office in each state, with the exception of four states, which have two. The Regional Offices were established following the decentralization of the activities formerly conducted in the old district offices of the Bureau. Each Regional Office is administered by a Regional Manager, who is responsible to the Director of the Veterans' Bureau. Under him there is a Regional Medical Officer who is in charge of the medical activities of the office.

The Nurse a Follow-Up

The Regional Office is the contact point between the sick veteran and the hospital. To assist in this contact, there has been established the follow-up branch of the Veterans' Bureau Nursing Service, under the supervision of the Regional Medical Officer. The nurses in this branch of the work make regular visits to those beneficiaries of the Bureau who are living at home and are in need of follow-up nursing care. Almost all of these men have tuberculosis, all stages of the disease being met with, from an arrested condition to the final terminal phase. Inmeasurable good has been done to the men and to their families, and through them to the community, by the intelligent, efficient, and conscientious follow-up nurse. Consecration is the word that best conveys the spirit of her work.

For the purpose of uniformity and efficiency, the Nursing Service has been centralized, and is under the supervision and control of the Superintendent of Nurses, located in the Central Office of the Veterans' Bureau. A high standard of entrance requirements is maintained, and the service is kept in line at all times with the best traditions of the nursing profession.

Organization of Nursing Services

In order that nothing might be left undone by the Bureau in performing its task, a great forward step was taken several years ago in the establishment of the Medical Council. This Council is composed of thirty-three physicians, drawn from the whole country, each one an eminent specialist in his particular line. The Medical Council holds meetings at the Central Office twice a year, at which attention is given to the various problems confronting the Bureau in the rendering of medical care and treatment to its beneficiaries.

To supplement the work of this Council there has been established an Advisory Committee of Nurses composed of women of outstanding achievement in the nursing profession. This Committee meets simultaneously with the Medical Council, at the Central Office. Its function is to assist in the consideration of the problems with which the Veterans' Bureau Nursing Service is confronted; and out of the varied experience of the members offer advice and recommendations for the solution of these problems. As a result of the establishment of this Committee, excellent progress has already been made toward the standardization of nursing procedure in the whole field.

As a further step towards the stabilization of the Medical Service of the Veterans' Bureau, efforts have been made for the creation of a Medical Corps, similar to that of the Army, Navy and Public Health Service. This will include a Nurse Corps, and it is felt that the establishment of such a corps will place the Nursing Service of the Bureau on a more permanent basis, and will attract to the Service the highest type of women in the nursing profession. Our efforts toward this end have not as yet met with success, but it is hoped that they will receive more favorable consideration in future sessions of Congress.

Some Experiences and Achievements

The following report from a nurse who contacts patients in the mountain districts of California is characteristic:

I visited many new cases in the mountains—miles from the railroad—these places being reached by stage. Some of the claimants knew surprisingly little of the benefits to which they were entitled under the new legislation, and I was able to give information not only to the disabled men whom I visited, but also to other ex-service men living in these communities. I visited one new tuberculosis case and found him occupying the same sleeping quarters as his two small children. No precautions had been taken to safeguard the health of these children, and my instructions to the family were very much resented. Since my visit, however, I have learned that they have erected a tent, and the patient is now sleeping out of doors.

On my last visit north I found one of my patients had recently had several pulmonary hemorrhages. I persuaded him to accept hospitalization at that time. Just before this second trip north, he had returned home, gained so much in weight and was looking so much better that I scarcely recognized him.

In order that you may have a clear picture of conditions that frequently exist in the homes of many of our tuberculous ex-service men before the follow-up nurse has been able to accomplish her constructive work, the following is a quite typical case:

Visited a permanent and total tuberculosis case, curing in four poorly ventilated rooms on the fifth floor. Man had had several hemorrhages, but would not accept hospitalization in a government hospital. His wife was working, and the only one to care for him the day I was there was a five year old girl. The patient was neglecting the simplest precautions. He is ignorant, and will not accept advice; thinks he knows how to take care of himself and safeguard his family. The little daughter is not over-strong.

Perhaps I should have presented the dark picture first, and left with you the pleasanter impression of constructive work done and good results achieved. I think, however, the last instance will show you more clearly the great need for the intelligent, efficient work of our follow-up nurse and the far-reaching value of this work to the public welfare. Each of these ex-service men is a ward of the public; the Veterans' Bureau is but a servant of the public, entrusted with the responsibility of caring for these wards; and in making provision for the care and hygienic education of these men it is, in the final analysis, the public that is being protected.

A CONTEST FOR NURSES

One Hundred Dollars in Prizes Will Be Awarded for 3 Stories on Public Health Nursing

THE PUBLIC HEALTH NURSE's short story contest was opened in May. Its object is to gather stories of nursing which "show the warmth of the service which enkindles the nurse" and which do not "portray public health nursing in terms of definitions and mechanics only." It is open to anyone connected with public health work and who better than the nurse can tell of just the side of the work which is described above?

RULES

The incident or basis of the story must be authentic.

All stories must be original with the sender and not previously published.

Stories may not be over 2,500 words long.

Stories must be submitted by September 15th, 1927.

Manuscripts should be typed on one side of the paper only, with double-space typing.

Manuscripts should be mailed flat, not rolled.

Manuscripts should be signed with a *pen-name only*, but accompanied by a plain, sealed envelope having on the outside the pen-name and on the inside both the pen-name and the actual name and address of the author.

Manuscripts should be sent to: Prize Story Contest, THE PUBLIC HEALTH NURSE, 370 Seventh Avenue, New York City.

Articles not winning prizes will be returned to their owners, *only if accompanied by a stamped, self-addressed envelope.*

Judges will be Dr. Haven Emerson, Miss Edna Foley, Miss Julia Lathrop, Miss Florence Patterson, Mr. James Rorty and Miss Elizabeth Fox, *ex-officio.*

For greater detail see page 210, May PUBLIC HEALTH NURSE, or write Contest Editor, PUBLIC HEALTH NURSE, 370 Seventh Avenue, New York City.

SUMMER SPORT

What is your I.Q.? Each question is valued at five. Try it on yourself! Try it at next staff meeting!

1. How many public health nurses are there in the United States?
2. Who is president of the American Red Cross?
3. Name the three public health demonstrations now being carried on under the auspices of the Milbank Memorial Fund.
4. Who is dean of the Yale School of Nursing?
5. When was the N.O.P.H.N. organized?
6. Name five colleges which offer to graduate nurses recognized courses in public health nursing.
7. When and where was school nursing first started in this country?
8. Who is president of the International Council of Nurses?
9. Name an English and an American expert in public health statistics.
10. What three nursing organizations meet together in convention every two years?
11. How many states have a bureau of public health nursing?
12. How many states in the Union require graduate nurses to register, or show reciprocal registrations, before practicing their profession?
13. Who was the founder of the American Red Cross?
14. Name the three largest visiting nurse associations in the United States.
15. What is the Central Board of Midwives?
16. Name the main sources from which the majority of visiting nurse associations derive financial support.
17. What does I. C. N. stand for?
18. When, where and by whom was the first rural nursing service founded?
19. Where and when is the next biennial nursing convention to be held?
20. Who is Elizabeth G. Fox?

(For answers, see page 371)

STATE LAWS FOR PUBLIC HEALTH NURSING COMMITTEES IN COUNTIES

BY JAMES A. TOBEY, LL.B., DR.P.H.

The employment of county public health nurses for general health duties or special activities such as tuberculosis or school hygiene is now authorized by law in one-half of the states in this country.* These county nurses are usually attached to county health departments, though in some cases they work directly under the supervision of county commissioners, or are employed by county sanatoria or school districts.

Four states now have provisions by law for county public health nursing committees, all of these statutes having been passed in 1925. In two states, New York and Wisconsin, the work of the county nurse is required to be directed by such a committee, while in the other two, Michigan and Minnesota, it may be.

The texts of the appropriate sections of these four statutes are given below:

MICHIGAN

Section 4. The work of the public health registered nurse may be directed by a local committee of not more than five members, known as the county health nurse committee, composed of the chairman of the county board of supervisors, and four other persons as may be appointed by the board of supervisors, who shall hold office for a term of three years from the date of their appointment and until their successors shall be appointed and installed in office: *Provided, however,* that the first committee appointed shall consist of four members, the first two of which shall continue for a period of three years or until their successors in office are appointed and installed, and the second two members shall be appointed for a period of two years, or until their successors in office shall be appointed or installed. *Laws of 1925, No. 7, page 15.*

MINNESOTA

Section 6. The board of county commissioners of any county may detail county public health nurses to act under the direction of the county board of health or a nursing committee composed of at least five members, as follows:

The county superintendent of schools.

The county health officer or a physician appointed by the county commissioners.

A county commissioner appointed by the board of county commissioners.

Two residents of the county appointed by the county commissioners.

Section 7. The nursing committee of each county shall effect a permanent organization, and meet at regular intervals with the nurse or nurses. *Laws of 1925, Chapter 196.*

NEW YORK

Section 12, Subdivision 44a. The board of supervisors of any county, except a county constituting a general health district created under the public health law, shall have power to appoint and employ and provide for the expenses of such number of public health nurses as it may deem proper. Such nurses shall work under the direction of a committee to be appointed by the board of supervisors. Such committee shall include at least two physicians, members of the county medical society, preferably health officers, and may include an equal number of members of the board of supervisors and one or more persons representative of organizations actively interested in public health nursing in the county. Except as hereinafter provided, the state commissioner of health or his authorized representatives shall have power to maintain general supervision over the work of such nurses. *County Law, Chapter 11 (Laws of 1925, Chapter 503).*

WISCONSIN

No. 2. The work of the county nurse shall be directed by a county health committee composed of the chairman of the county board, the county superintendent of schools, a woman appointed by the county board, the judge of the juvenile court and the deputy state health officer for that county. *Statutes of 1925, Section 141.06.*

* See: A Review of State Laws on Public Health Nursing, THE PUBLIC HEALTH NURSE, April, 1923; and Recent State Legislation on Public Health Nursing, THE PUBLIC HEALTH NURSE, March, 1926.

PIONEER PUBLIC HEALTH WORK IN SEOUL, KOREA

BY ELMA T. ROSENBERGER

Director Public Health Nursing, Seoul, Korea

BY way of explanation of the real beginnings of public health work in Korea, we must go back a little into the history of the social changes which are being wrought in that land. The Tai Wha Quan or Great Flower Domain, which is the meaning of the Korean name of the place in Seoul

the capital, a city of 300,000 people. An octagonal shaped stone placed in front of one of the buildings of the Tai Wha Quan still marks Seoul's exact center, the spot from which the city wall was surveyed in the 14th century, some time before Columbus discovered America.



A Typical Street in Seoul, Where Overcrowding Is the Common State

known in English as the Social Evangelistic Center, itself is significant of social movement. Now a health center, it was formerly an old palace grounds belonging to "Moonflower," the favorite concubine of the second last Emperor of Korea. She afterwards became the Empress, and it is her son, who is now in Japan, to whom would have fallen the reins of empire if Korea were still independent, but her palace garden in 1920 became the property of the joint missions of the Presbyterian and Methodist churches in Korea. The Tai Wha Quan is situated in the very center of the city of Seoul,

Korea itself—Land of Morning Calm—was once called the Hermit Kingdom because no Westerner was tolerated within its borders. Then, through the healing of the Emperor's son by a foreigner forty years ago, it was opened to western and missionary influence. Since that time the foreign tendency has propagated itself with amazing power and wide-reaching results. Simultaneously with missionary effort there sprung up medical enterprise and in the wake of the hospitals appeared flourishing training schools for nurses. Subsequently the Korean woman has gained a place that she

would not have dreamed of under old conditions.

Picture, if you can, her emancipation, who in the early days was a prisoner in her own home, veiled, appearing on the streets only at New Year's time. The change that has come in with Christianity has been such that to-day the Korean stands up with the women of the world. In relation to the nursing profession she has produced members fully trained and equipped



Miss Rosenberger and Han Sing Kwan, the first Korean public health nurse, starting out from the Center to hunt patients. Left is the Center Sign, listing in Korean the services there obtainable.

now some hundred strong, and the Association of Graduate Nurses in Korea has become an associate member of the International Council of Nurses.

Seoul is a densely populated place, comprising not very much more than five square miles of land. It is placed as a washbasin in the center of the mountains which surround it. In many places the Korean thatched roofed houses form such a solid mass of construction that from a little distance they can scarcely be distinguished from the soil itself, and yet these villages or districts are literally swarming with white-robed people. The best land throughout the whole country is, by reason of the custom of ancestor worship, given over to grave sites. In the

Diamond Mountains, the home of the genii of the land, in a space of thirty miles by twenty, are 108 temples, buildings of the most beautiful carving and design, and in great contrast is the misery of the resulting crowded quarters left to the living.

The custom of wearing white, universal in Korea, is another example of the power of tradition over Koreans. It was proclaimed by one of the emperors ages ago because, white being the mourning habit in Korea and mourning lasting three years or, indeed, due to the overlapping of the periods from deaths of the emperors or public officials who must be mourned with fathers or brothers, being scarcely ever not in season, practicality seemed to indicate that it should be the national costume. We wonder how these white clothes, which are made of home-spun cotton cloth, can keep any semblance of cleanliness when we know that the washing is done (the women carrying clothes baskets on their heads) in the nearest stream in cold water by means of pounding on the rocks. But when the weather gets cold and the streams freeze, the ice is persistently chopped open and the washing goes on all the same.

It is among these people, thrifty, hard-working, simple and hearty, these people who have bravely and unquestioningly followed their customs of thousands of years, that we were privileged to start our work in January, 1923. The aim of the work at the Social Evangelistic Center was to meet the three-fold needs of the women and children, the physical, the mental, and the spiritual. For this reason classes were organized, industrial work was started, and visiting was done in the homes. Our work in public health and child hygiene was the latest branch to be organized. We had a few Korean rooms at our disposal and a small sum of money.

For two years I had been tied up in hospital work, but all the while the need of public health work and child hygiene was evident and it had occupied my thoughts. I saw sickness due

to ignorance in the homes, and no one free to go and help; I saw unspeakable plasters tied on babies' heads when a simple remedy would have sufficed; I saw little children sitting in the open sewers in the alleys and no one to prevent; creeping babies in the homes where there were ignorant tuberculous patients; infants dying for want of nourishment, and homes lacking in every sort of sanitary provision. And at last I had the opportunity to work, being asked by the Bishop of my center to take charge of the public health work of the new center. To plan every detail, with limited means to adapt those few little narrow Korean rooms and equip them for a new and untried work—from pins and mop-rags on the floor to taking care of maternity cases—to secure a doctor and train nurses in this new branch of work speaking all the while an unknown tongue, not yet well acquired—that was what I undertook. It is quickly said but it was not so quickly done.

The First Attempt

My nurse and I started out on a cold winter morning to visit and find our way into the homes. At first we were badly discouraged because nobody understood our message, but after a while we managed to make ourselves necessary to four homes and one little baby followed us back to the clinic. The second day two came and so on until the newspapers wrote articles about this new thing—two nurses going into the homes and caring for the patients, working for the welfare of the mothers and children—when we did not need to seek homes any more but had calls coming to us in far greater numbers than we could answer.

A Baby Show

In the spring, thinking that a baby show would propagate our work and message, we got ready for one, doubtful enough, however, in our hearts as to whether our mothers would come to it. We were far from right. One thousand babies came, with their mothers, brightly dressed and truly a sight.

We could not, of course, meet their needs; they wanted examinations and attention. In our confusion we sent out and bought from a Japanese toy store nine hundred toys and gave them to the children and sent them away—empty handed as it were—for they had wanted bread and we had given them a stone. Such a happening showed us that there was a great opening there for this kind of nursing.

Subsequent Developments

Since its institution the work has grown apace; it has outgrown our small quarters; we have one out-clinic in another end of the city where the children have no shoes in which to come to us. We have started mothers' clubs and health classes and we examine and teach hygiene to one thousand pupils in the day schools of Seoul each month, giving lectures and preventive treatments. But we need demonstration material and more nurses to keep up with the homes that are open to us, and to prepare literature for the public.

We have only Korean nurses besides myself. They come from the two training schools in the city to work with us a month at a time. Last spring all the hospitals coöperated with us in putting on a special public health program for Korean nurses. They sent their head Korean nurses to us for a week of intensified work—thirteen women from four hospitals; they came early and stayed late. We had, to help us in this teaching, three foreign nurses who have now also undertaken public health work, one foreign doctor and one Korean doctor, a graduate of Johns Hopkins now with the Severance Medical College. The effect of the lessons was to enthuse Korean nurses for public health training. Since I began my work three years ago three public health centers have been opened in the country with native staffs and foreign supervision.

Our work now includes:

House to house visitation.

Baby welfare clinic—weighing and measuring the babies and taking care of minor ailments.

Prenatal work.
 Health examinations in schools.
 Hygiene lectures in schools.
 Mothers' classes.
 Free bathing.
 Baby shows and baby week each year,
 giving prizes.

Last year our statistics ran as follows:

Visits in homes.....	748
Calls in clinic.....	5,500
Lectures in schools (to average of 1,000 pupils a month).....	120
Lectures to mothers' classes.....	52
Free baths	400

How best and most efficiently to proceed is ever the problem before us in our public health work. Our efforts are hindered by circumstances, by custom and tradition, by the overcrowded conditions in the mushroom villages, by extremely poor living conditions where sometimes whole families live in a room eight feet by eight and the streets and the open sewers are the playgrounds for the children, where little children are carried on the backs of other little children until both are maimed and often the baby is stricken with blindness by the direct rays of the sun shining into its eyes. These things are not myths and do not belong to the beautiful legendary history of the land. They are solid facts and must be dealt with as such.

Yet when we look at the beginnings of medical art in other lands and see how it has been perfected through struggles and how this newest branch of medical science, public health, with its slogan of prevention, is still in its developing stage even in our own country, we have faith and courage to go on with our work in Korea.

Korean Origins

Korea really dates her history back to China. In the year 2333 B.C., legendary history says, one of the Chinese



One of the Thousand at the Baby Show

emperor's sons, expressing dissatisfaction with his surroundings, was told by his father to go seek a kingdom for himself. In his subsequent search he came to the Yaloo River, which he was unable to cross. Saving him from the embarrassment of a return the gentle tortoises of the stream formed a bridge of themselves and entreated the young prince to walk over, and the consequence of his having done so was his finding of the land which he was looking for.

His name was Tangoon. To him are attributed sometimes the titles "God," "Man" and "God-man," an arrangement of the Buddhist trinity. Temples and pagodas bear the name of Tangoon to this day.

We have recently heard the public health nurse described in two new "phrases and phases." Dr. F. W. Routley of the Canadian Red Cross in a recent address said, "The well trained nurse is the backbone of public health."

Dr. Frankwood Williams, addressing a New York audience, several times alluded to the public health nurse—especially as she is concerned with mental hygiene—as a scout. "No other scout group," said Dr. Williams, "either social worker or general practitioner, comes quite into the relationship with the individual as does the public health nurse."

THE HEALTH UNIT OF LORAIN COUNTY, OHIO

By RUTH F. PADDOCK

Chief of Nursing Service

The second of a series of articles on public health nursing in county units. The first appeared in March, 1927.

THIS paper is written to comply with a request for a description of a public health service administering a well-rounded health program in a county largely rural in its population. The Health Department is the official health organization of Lorain County, is financed by the tax payer, complies with the code of the State of Ohio, and is directed by a full time Health Commissioner who is always a physician highly qualified for health administration. However, the real status of a health service in its community, the progress made in health knowledge, the disease prevention, the death rate reduction almost wholly depend on the public health nurse. Therefore the activities of the Nursing Service of Lorain County are set forth in this paper.

Lorain County is located on the shores of Lake Erie, west of Cleveland. Its prosperous dairy farms, vineyards, fruit farms and truck gardens are owned by progressive farmers. In its northwest section large sandstone quarries support an industrial population of varied nationalities. Surrounding its two cities, Lorain and Elyria, are found the homes of laborers, about Lorain those of steel workers and about Elyria those of factory employes. The two cities themselves comprise a separate health district, independent of the county. Oberlin, on the other hand, the home of Oberlin College, a village which encourages and develops the cultural side of life, is the location of the County Health Office. Thus it will be seen that the various classes of people in this county compose a most interesting whole to the health worker. Good roads prevail and the schools are accessible at all times. There are very

few townships which do not have their centralized grade and high school. The rural children have the advantages of auditoriums for plays, orchestras, athletics and music. They have complete curricula, including domestic science and manual training. Motor and horse drawn busses provide transportation. The Parent Teacher Associations are active and community life centers around the school. A distinct advance in home conditions and viewpoint of parents has been observed as centralization of schools became more general.

How Public Health Nursing Began

The history of public health nursing in Lorain County dates from 1915 when the State sent nurses into the rural schools to examine eyes. Records were made of these examinations and parents notified of defects in vision. As public health nursing developed in the cities, the service occasionally extended into the adjoining territory. However, not until 1919, at the close of the war, was a public health nurse provided to render service in the country districts. At this time the Elyria Chapter of the Red Cross had funds on hand to employ a nurse. The writer, returned from Army service, was secured to do school nursing in a few townships surrounding Elyria. A book could be written describing the experiences of that year.

Evolution of the Unit

In 1920 the Hughes Griswold Health Law was passed in Ohio. This regulated health administration in counties as well as cities, requiring the Health Commissioner to be a physician, employed either on full or part time. (The Health Commissioner of Lorain

County is employed on a full time basis.) This revolutionized the Health Demonstration, which had been in the hands of village and township authorities, with little or no effort made toward standardization. Out of the chaos gradually evolved a Health Unit, staffed by the physician in charge, a sanitary inspector, three nurses, a laboratory technician and a clerk. This unit serves a population of 32,000 at a per capita cost of \$0.59. The new Health Department took over the Red Cross Nurse who had struggled alone in a few townships the previous year. She was placed in charge of the Nursing Service. The knowledge she had gained of part of the territory, together with her public health training and experience was of value in organizing the new work. The staff nurses then employed had never done public health nursing, but few indeed were the nurses then available who had either public health experience or a post graduate course in public health. Registered nurses were required, however, and the line between preventive medicine and clinical medicine has always been clearly drawn.

At first an attempt was made to locate branch offices for the nurses in northern and southern villages in the county, the nurse to live in her district and receive calls, etc., in her branch office. The nurses met Saturday morning in the main office. After a trial this was abandoned and all reported at the main office each morning. Oberlin being geographically the center of the county, it is possible to reach all parts in an hour, with good roads to facilitate travel.

Transportation and Vacation

The transportation proved a problem at first. Nurses were provided cars with upkeep by the Board, but this proved unsatisfactory in many ways, and after a year the nurses were required to furnish their own transportation on an allowance of sixty dollars a month. This sum included the upkeep and replacement of the car at the end of the year. While purchasing a car at first seemed quite an undertak-

ing, now the nurses feel that it is offset by having the car for personal use. The allowance is sufficient to cover actual expenses.

Various plans regarding vacations were tried out, but the Board finally agreed to grant two weeks' vacation with pay each year. Two weeks' sick leave with pay also was permitted. If sick leave is not used, it may be taken as a vacation.

School Work

The schools naturally offered the best field for the opening of the nurses' activities. During the first year or two all the school population, nearly 6,000, was given a routine health examination. Subsequently this applied to only first, second, fourth and sixth grades, more time being then allowed for home visiting and correction of defects. Considerable opposition had to be overcome—nurses were often tolerated in the schools rather than welcomed. Visits to the homes were regarded with suspicion. Physicians resented what they considered an intrusion in their field. Patience, courage and tact were required in fullest measure. However, a gradual change in attitude was effected, until at the present time a general feeling of confidence in the public health nurses prevails.

As malnutrition was a common problem thereabouts, weighing and measuring were done in all grades, and now scales have been secured for nearly all centralized schools. Teachers are more and more interested in reweighing their pupils. The steady decrease in the number of under-weight children each year has been a gratifying result of the nutrition work. Immunization of school children has actively been carried on since 1924, and although smallpox vaccination is not compulsory in Ohio, about 70 per cent of the school population has been vaccinated by the Health Department. Letters are sent to the parents and signatures indicating consent are returned to the school. The same procedure applies to toxin anti-toxin, the preliminary educational work being done by talks to the Parent Teachers

Association and to the children themselves. At the present time it is necessary to immunize only first grades.

Other Activities

The rural nurse has an important part to play in the control of communicable disease. In Lorain County the nurses are responsible for the quarantine of practically all contagion occurring in schools. Careful instructions are given but bedside care is impossible in view of the large territory and other duties of the staff. Much of the educational work is done by the nurses when they are called to homes for contagion.

The nurses are responsible for the investigation and follow-up of reported cases of tuberculosis. They at all times endeavor to seek out the incipient and contact cases, although they are handicapped in preventive work in tuberculosis by the absence of clinics or dispensaries. Sputum, however, is analyzed in the laboratory.

Infant and child welfare conferences have, from the beginning, formed the nurses' summer program. These are held in various parts of the county,—schools, churches and halls being utilized. Their purpose is primarily educational. Though far less artificial feeding of young infants is observed, the fact that the infant mortality rate

has not lessened indicates intensive work in this field is needed. This need is met in some counties in Ohio by securing a nurse, financed by the Sheppard-Towner fund, for infant and pre-school groups.

The nurses' efforts on behalf of crippled children are greatly facilitated by excellent clinic and hospital service. Dependent children both in boarding homes and in the institution are given health supervision.

In addition to the above outline, the demands made on the rural nurse are legion. Numerous requests are filled which in cities would be cared for by other agencies. The nurse is confronted by problems in rural communities not known by the city nurse. The scattered population, indefinite addresses, long distances to travel, lack of coöperating agencies are a few of the material difficulties to cope with. The fact that the rural mind hesitates to change and does not accept innovations readily, for it is subject to fewer outside influences, means that growth and progress are necessarily slow. This is offset, however, by the closer contacts made, the opportunity of developing and utilizing initiative in a generalized program, and the sure results to be seen by those with the patience to wait for them.

TO PRESERVE CHILDREN

Take one large, grassy field, one-half dozen children, two or three small dogs, a pinch of brook and some pebbles. Mix the children and dogs well together and put them in the field, stirring constantly. Pour the brook over the pebbles. Sprinkle the field with flowers. Spread over all a deep, blue sky, and bake in the hot sun. When brown, remove and set away to cool in a bathtub.—*Michigan Public Health Bulletin*.

We again remind our readers, especially those who may be planning a trip abroad, that the Interim Conference of the International Council of Nurses takes place in beautiful Geneva July 27 to 30. We learn that a number of American nurses will be there.

THE BANANA—A NEW SOURCE OF VITAMINS

A humble and agreeable fruit, the banana, has been elevated recently through scientific experiments to a post from which it may command the interest of all whose concern is to some extent with human diet. Referring to the unobtrusive vegetable by the pleasant name of *Gros Michel*, Walter H. Eddy, Ph.D., and Minerva Kellogg write as follows in the January number of the *American Journal of Public Health* of experiments performed on guinea pigs in the Laboratory of Physiological Chemistry of Teachers College, Columbia University for discovering its content of the antiscorbutic vitamin C:

The presence of certain vitamins in the fruit has been reported by several investigators prior to studies in our laboratory. Our results confirm previous studies in placing the banana among the important sources of antiscorbutic factor. Its comparability with other antiscorbutics now in use in infant feeding is as follows:

Antiscorbutic	Minimum Daily Protective Dose for Guinea Pigs
Orange juice	3 to 5 c.c.
Tomato juice	2.5 to 3 c.c.
Ripe banana	5 g.

Until, however, the experiments with animals are confirmed with experiments with humans the transferability of the results is open to question, add the writers. But as partial proof that transferability is being shown they submit the case reported to them from the Department of Pediatrics, Harvard Medical School, Children's Hospital, Boston, Massachusetts, in which an infant 8 months old and weighing 12 pounds was cured of scurvy by a diet consisting solely of bananas and milk, made by whipping 200 g. of ripe raw fruit into 570 c.c. of milk and administered in 120 c.c. doses every 4 hours. The child gained in weight and recovered from scurvy without requiring any other food.

Experiments aimed at discovering the vitamin A content of the banana show that it has a fair amount of this factor too. Compared with orange and tomato juice for the vitamin units per

ounce it is placed as having 56, while orange juice has about 20 and tomato 170.

Vitamin B at present is being considered as probably divisible into two other factors, an antineuritic and a growth stimulating factor, says the article in question. Experiments conducted with the intention of finding out how much of this property bananas possess resulted in the discovery that while the fruit does not compare in vitamin B content with yeast or wheat germ it has about the vitamin B value of tomato juice. By feeding 8 to 10 g. daily to white rats the authors were able to produce a 20 g. gain in 56 days.

Vitamin D, the antirachitic factor, apparently does not exist in bananas. For vitamin E the authors report no tests of their own but say that it has been detected as present. They sum up their findings as follows:

It seems safe to class bananas as an excellent source of vitamins A and C; a good source of vitamin B; deficient in vitamin D and not lacking in E. Its potency in C, the availability and relative cheapness of the fruit, make it a competitor with tomato juice and orange juice for use in infant feeding on vitamin basis alone. Its use will not, however, eliminate the necessity of cod-liver oil or sunlight to avoid the incidence of rickets.

As to the other properties of bananas they add:

Obviously vitamin value does not constitute the sole basis for judging the place of a foodstuff in a diet. Bananas hold a rather unique place among fruits and vegetables as being unusually rich in utilizable carbohydrate. It is now abundantly demonstrated that raw bananas should be eaten ripe and that partly ripe fruit can be handled without digestive disturbance if it is cooked. We have various views as to why the unripe fruit is harmful but no certain answer. Practically, however, this factor disappears with ripening or cooking for we now have abundant controlled experiments to show that the ripe or cooked banana is tolerated by normal adults, children and infants and by invalids of various types. It must, of course, be borne in mind that the experiments cited were with thoroughly masticated banana in diets balanced as to other factors.

PROBLEMS OF MOUNTAIN WORKERS

BY FRANCES SAGE BRADLEY, M.D.

SHIFTING aspects of Mountain Problems, Our Mountain Health Problems, Lost—a Child, What is the Problem of Mountain Agriculture? Handiwork for School and Home, The Public School in Relation to Mountain Workers, The Church the Acid Test, Evolution of the Church School, What Shall We Do for Recreation?—these were the distinctly mountain problems presented and discussed at the fifteenth annual conference of Southern Mountain Workers, all by experienced mountain workers, with the exception of the one on Lost—a Child, which was by Judge Hoffman of the Cincinnati Juvenile Court, and that on The Relation of the Public School to Mountain Welfare, by Miss Mabel Carney of the Department of Rural Education of Columbia University. The result was one of the largest and liveliest meetings ever held by the group.

There was much discussion of the value of the rural public school as compared with that fostered by the church or other private organizations. Each questioned the standards of the other, yet both realized the advantages of co-operation, the former perhaps with its young, inexperienced teachers and rigidly standardized methods stressing the three R's, and the latter doing experimental and research work in the form of occupational demonstrations, adult schools and the like adapted to certain indicated needs. This would lead to the agricultural and mechanical development of the natural resources of the mountains, their vast, rich and practically untouched mineral deposits, water power, electricity and what not.

Mountain work of itself, so difficult, so individual, requiring so special a technique, must be interesting to all public health people. Not less absorbing, however, were the two talks given by the two "furriners." Only the Ohio River separates Ohio from Kentucky

and the rugged mining portions of West Virginia, and, said Judge Hoffman, girls and boys from this section not infrequently find their way to his court. He denies the existence of crime in children and absolutely refuses to punish for juvenile delinquency, placing, instead, maladjusted girls and boys in private homes adapted to meet their needs.

He told of a small boy being called by his teacher to uphold the reputation of his school before a visiting trustee. Overwhelmed by such a responsibility the little fellow ignominiously failed to solve a simple problem in arithmetic. The magnanimous teacher gave him a chance in history. "Tell me, then," he demanded ominously, "Who wrote the Magna Charta?" Again the child swallowed, shifted to the other foot and protested, "I don't know, sir, but I declare I didn't do it." In disgrace he fled to his seat and another victim was called. The honorable trustee, however, was not to be deceived. "Call that boy back," he insisted. "I don't like his eye. I am inclined to believe he did write it."

Miss Carney likewise pleading guilty to being a city person, claimed and demonstrated close observation of rural conditions, and a real satisfaction in the maturing of the deliberate, clear-thinking mountain student. She doubted the wisdom however of urging upon mountain people any obligation of staying in the mountains at the cost of starved minds and bodies. Especially the younger generation should be allowed to decide for itself, the more adventurous perhaps choosing urban opportunities, while those less restive remain in the homes of their fathers. Even here she sees them gradually returning vast tracts of barren, untilable soil to forestry, developing orchards, raising poultry, sheep, stock. Finally she pictures Appalachia a hun-

dred years hence as a great play ground for at least the eastern portion of the United States. And indeed this seemed to be the trend of the entire session.



All in the Day's Work in the Mountains

There were several get together luncheons and round tables, one of which was on Public Health, a subject steadily coming into its own with this and similar groups. In a discussion on The Growth and Development of the Public Health Movement several points were stressed such as the following:

The shortage of nurses.

The failure of nurses to conserve their strength and efficiency by training and commandeering local help.

The constant lament was "What will become of our mothers and babies

when federal aid is withdrawn and work given up in remote regions where it is most needed, where it is necessarily most expensive, and where people are least able to do for themselves?" Endless instances were reported of the skill and ingenuity of Sheppard-Towner nurses in breaking down tradition and superstition, and in replacing doubt and suspicion with confidence, loyalty and successful endeavor.

One delegate told of the young mother who had been "onlucky" and lost her first baby, but is bringing this one every first Thursday to the Children's Health Conference, for the nurse to tide her through the second summer. "Yes," admitted Saludy Ann. "Hit's seven miles from here to my home in Cow Bell Holler, a right smart piece, 'less'n a tourist gives us a lift." (And this is seldom enough. The hard-boiled genus!) But what Saludy Ann wants to know is how she will manage when the next baby comes and she has only Granny Coggins for help.

This is a sample of the apprehension felt in the Blue Ridge Mountains, in the remote Smokies, and back in the forbidding Unakas. Similar questions are undoubtedly being asked down in the Ozarks, off in the Rockies, and out on the endless plains where the government has shown a passing interest in the welfare of its mothers and babies.

INFANT FEEDING TRIALS IN THE MOUNTAINS

Where Spinach and Clocks Are Lacking

A county nurse, writing on Some Infant Feeding Problems in the Tennessee Mountains, sketches some of the puzzles a public health nurse fighting infant mortality in that district must meet, as follows:

A few years ago babies were never weaned under a year and occasionally not under two years, with a few rare exceptions above that. With the ardor of the newcomer, I launched a campaign to have them weaned a trifle

sooner, and it came to grief. The first baby, already stunted and stationary at one and a half years, when weaned, almost faded out of sight. Although he did surprise everyone by living and the mother merely maintained that she weaned him when the "signs were not right" I always feel her veiled reproach for my not knowing better and I have had a wholesome regard for "the signs" ever since.

It is hard to get the babies started on a regular feeding schedule. The first

obstacle is convincing the mother that it is necessary to let the baby cry a bit, until his feedings are adjusted and he has learned to get the bulk of his meals in the day, with sufficient lapses of time between each.

The second obstacle is to have his feedings come at the same hour each day, for the family does not always possess a working clock. They are not accustomed to an accurate time schedule. Nowhere else is time estimated so approximately. The usual 6 a.m. schedule for the first feeding will not do at all for the family arises sometime before day-break. They judge noon by the progress of the sun, and meetings are announced for "evening" (afternoon), "sundown" or "dusky dark."

The third obstacle is to get the mother to give a sufficient amount of water—a peculiar one, as the reason many mountaineers give for moving back from the city is, "I just couldn't get any good, fresh water"—and as a common form of hospitality is to send one of the children to the spring for a bucket of fresh water. Nowhere

is water considered a more indispensable beverage for everyone *over* one year.

But probably the most difficult problem of all is to find a suitable diet for the baby when he *is* weaned. It is not uncommon for him to jump from breast milk to small portions of everything, suitable only for "hewers of wood and drawers of water"; small amounts of such articles as corn bread, jam, beans, fried eggs, pork, fried potatoes and onions. He is considered to be expressing a desire for a certain dish by reaching for it, though it is usually simply the one nearest for which he reaches, quite regardless of its contents. Fresh vegetables present truly an acute problem. Few of the mountain people know what spinach is, and if they have seen it, they have no idea of its value or how to cook it.

The writer tells us that, because of these obstacles, it is impossible to use any current child welfare literature with the mountain mothers, and the thought comes to us that instructions made understandable to these isolated mountain women would be well worth working out.

When we think of public health nursing from an international point of view we are amazed and dazzled by its bigness, its variations, its different standards, its tremendous opportunities. But the international aspects of the problem are best understood when looked at simply. After all, public health nursing of each different country, and the work of each country is dependent on the individual health organization of good quality. What the world needs and what every country needs is merely that a well-planned, well-executed program should be carried out in every tiny village and hamlet. Sometimes our work looks small and insignificant to us; sometimes problems and troubles seem insurmountable; but in the end our own work well done is not only a contribution locally or even nationally—it helps to make up the sum total of international public health nursing.—Alma C. Haupt in *The Nursing Times*.

Overheard in a Pullman recently—

"Isn't Miss —— sent out by The House of the Good Shepherd?"

"Why, no, she is with the State Department of Health." Suddenly the nurse had an inspiration and asked, "Oh, don't you mean that she is employed by Sheppard-Towner funds?" "Yes," replied the woman, "perhaps that is it. I understood it was something of that sort."

TWO NOTABLE ANNIVERSARIES

Two hundred and fifty guests assembled on May 24 to show their appreciation of the twenty-five years of unbroken service of the Cleveland Visiting Nurse Association. The members of the board, the nurses and their guests met in the "Perry House," given in 1920 by Mrs. Bolton as a center for all the nursing activities of Cleveland. Those who have visited Cleveland and as a matter of course gravitated to the Nursing Center will remember the air of beauty, comfort and welcome which pervades this gracious old house built by Oliver Hazard Perry some 150 years ago in Cleveland's very early days. Filled with flowers for this occasion it was especially charming and welcoming. Miss Edna Foley spoke in her own delightful manner of the honorable history and accomplishments of the twenty-five years, notable not only to the community which the Association has served so well but in their national import.

It is to the Cleveland association that we owe the lovely significance of our national seal. It was designed for the Cleveland organization in 1909 and when the National Organization for Public Health Nursing was founded in

1912 the first and most fitting gift it received was the beautiful design of Herman Matzen, "a symbolical tree of hope and desire."

The magazine in which this brief note of the anniversary is printed is another evidence of the generous spirit of the Cleveland association and its very early and significant realization of public health nursing needs. Printed and published as the *Visiting Nurse Quarterly* by the Cleveland association for four years before the N.O.P.H.N. came into existence, and well established in national repute, it was their second gift to the new national body.

All public health nurses have indeed good reason to feel a peculiar pride and fellowship in this twenty-fifth anniversary meeting and to voice their united good wishes for the continuance of the signal services and influence of the Visiting Nurse Association of Cleveland.

We would like to add that those interested in history will find in the February, 1925, number of *THE PUBLIC HEALTH NURSE* a brief history of the Association and in the November, 1920, number a delightful account by Miss M. Josephine Smith of Perry House, now the Cleveland Nursing Center.

Another anniversary occurred in May of this year which held a somewhat special significance for the public health nursing group. The New York Hospital celebrated the 50th anniversary of the founding of its Training School for Nurses. The original charter of the Hospital, which now hangs in the governors' room of the present building, was granted by King George III, and since then both the hospital and training school have been through stirring pioneer experiences. The first vaccination against smallpox in America was given by Dr. Valentine Seaman in 1799 at the New York Hospital. It

was Dr. Seaman also who gave to the nurses of the New York Hospital the first regular training in nursing in any American hospital.

Fifty years is in reality a very short period in the history of any profession or world wide movement but in much less than even this brief span of years a new and vigorous shoot of the parent tree of nursing has grown into notable achievement. The graduates of the training school of the New York Hospital have largely helped to foster the growth of this new branch—public health nursing. Lillian Wald, founder of the Henry Street Nursing Settle-

ment, Annie Goodrich, director for some years of the nursing service of the Settlement and at present Dean of the Yale School of Nursing where she continues her interest in public health, Jane Hitchcock, Mary Beard and Florence Johnson, graduates of the school, are some of the well known pioneers of public health. Many others are climbing upward in the ranks.

Miss Beard writes us:

On one point every graduate of the New York Hospital School of Nursing would agree, that the center and source of the delightful spirit which pervaded these days was in the presence of that dear and beautiful woman who for many years has led the New York Hospital nurses, Irene H. Sutcliffe. It was her animating presence at the Bloomingdale pageant that lent such a penetrating sense of continuity to those scenes from the past and from the present in the story of nurs-

ing—so moving in themselves and arranged and produced with exquisite artistic feeling. It was with a deep thrill of gratitude for what she gave the New York Hospital nurses that we saw that spirited little figure in her white uniform pass up the broad aisle in the Cathedral at the head of the long procession. And once more, at the dinner which closed this anniversary it was almost as if one could see each of the nurses present bringing the best she had ever given or was capable of giving of service and endeavor to lay it, like a laurel wreath before her.

At the commemoration service held in the Cathedral of St. John the Divine, addresses were given by Annie W. Goodrich and by Lydia E. Anderson, who spoke on the history of the school. John H. Finley, Litt.D., LL.D., gave an inspiring commemorative address. The final hymn ended on a truly fitting note, "Go, labor on! Spend and be spent!"

Answers to Questions on Page 357

1. Exclusive of hospital social service workers and industrial nurses there were at the time of the last census, January, 1924, 11,171.
2. The President of the United States.
3. The Cattaraugus County Health Demonstration, Cattaraugus County, New York; the Syracuse Health Demonstration, Syracuse, New York; the Bellevue-Yorkville Health Demonstration, New York City.
4. Annie W. Goodrich.
5. In 1912.
6. Simmons College, Boston, Massachusetts; Teachers College, Columbia University, New York City; George Peabody College for Teachers, Nashville, Tennessee; School of Applied Social Science, Western Reserve University, Cleveland, Ohio; William and Mary College, Richmond School of Social Work and Public Health, Richmond, Virginia; College of Science, University of Washington, Seattle, Washington.
7. In New York City in 1902, as a demonstration by the Henry Street nursing service.
8. Nina D. Gage.
9. English—Sir Arthur Newsholme; American—Dr. Louis I. Dublin.
10. The American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing.
11. Eighteen.
12. Twenty-three states have a compulsory registration law for graduates. Forty-six states provide for the registration of nurses from other states by waiver, certain conditions being met.
13. Clara Barton.
14. Visiting Nurse Service, Henry Street Settlement, New York City; Community Health Association, Boston, Massachusetts; Visiting Nurse Society, Philadelphia, Pa.
15. The governing body for the English midwifery service.
16. Community chests, individual or group contribution, membership dues, fees for service, subsidies from official groups.
17. International Council of Nurses.
18. In Westchester County, New York State, by Miss Ellen M. Wood in 1896.
19. Louisville, Kentucky, in June, 1928.
20. National Director, Public Health Nursing Service, American Red Cross.

ANNUAL MEETINGS

The fourth Annual Meeting of the American Child Health Association was held in Washington, May 9-12. The sessions on The School and Child Health, held, as were all evening sessions, in the stately hall of the beautiful building of the United States Chamber of Commerce brought out the importance of bringing the child to the school in good health as equal to the necessity of applying health measures throughout his school life. The description of the six year study of the School Health Program of San Francisco, presented by Dr. Harold K. Faber, contained valuable statements of the methods found to be practicable and those found to be useless with the information that better results were invariably obtained in the health classes when they were conducted by nurses. Dr. Louis Dublin's dramatic analysis, *The Ultimate Cost to the Community of Child Health Protection or Neglect*, will, it is hoped, soon be available in printed form. The session on Trends in Federal and State Child Health Work was evidently of interest to normal school teachers, many being in attendance. Miss Grace Abbott gave a forceful statement of the Children's Bureau's efforts to keep child and maternity health in the place of a public duty in every state and community. The interesting work of the Department of Agriculture's Nutrition Extension Service was described by Miss Miriam Birdseye who threw out somewhat of a challenge to the nurse. Miss Mabelle S. Welsh of the East Harlem Nursing and Health Demonstration spoke on Health Education and the Nurse and Miss Edna White of the Merrill-Palmer School on Health Education and the Preschool Child. Particularly interesting also was the account of the study groups organized among mothers by the Child Study Association of America presented by its director, Miss Sidonie Gruenberg. Miss Betty Wright spoke for the Federation of Organizations for the Hard of Hearing, giving the estimate that there are three million children in our schools with impaired hearing and Mr. William Green, President of the American Federation of Labor, startled the members from any sense of complacency about decrease of child labor by the statement that there are at present two million working children between the ages of ten and fifteen and two million and a half between the ages of ten and sixteen. The accomplishments of the Association for the Improvement of the Condition of the Poor were sketched by the director, Mr. Bailey Burritt, in his paper on Child Health an Actual Factor in Relief Work. An excellent graphic presentation of the progress in Child Health in the last twenty years was displayed in the Willard ballroom and made very impressive the fact that the only field not showing improvement was the one on maternal mortality, the one field also not mentioned by any of the speakers.

THE NATIONAL TUBERCULOSIS ASSOCIATION, MAY 23-26

This year, the contribution of nurses to the program of the twenty-third annual meeting of the National Tuberculosis Association was discussed in two sessions of the Sociological Section by Miss Emma L. Allen, Supervisor of Clinic Nurses, Hudson County, New Jersey, and Miss Madge McCort, Supervisor in the Bureau of Public Health Nursing, Cattaraugus County, New York. The nurses' dinner program under the auspices of the Tuberculosis Section of the N.O.P.H.N. was well attended by nurses and others. This plan left nurses free to attend the meetings of the various sections and so broaden their understanding of the program. It also brought nursing before workers engaged in other phases of the work, with the result of rounding out the sessions.

Dr. Jennings, Director, Zoölogy Laboratory of Johns Hopkins University, in his address on Health Progress and Race Progress in one of the general meetings gave quite as satisfactory an answer to those who decry public health work as resulting in the survival of the unfit from the standpoint of the scientific laboratory man as did Dr. Falk from the statistician's viewpoint at the American Public Health Association meeting in Buffalo last fall.

The clinical session on the Relation of Latent to Clinical Tuberculosis brought out the importance of early diagnosis of latent cases. Dr. Opie of Henry Phipps Institute said that while the term latent meant hidden or concealed it was not limited to dormant or healed lesions. Some of the latent lesions are more extensive than those which produce recognizable symptoms. He classified the latent pulmonary lesions into two types, the first infection type of childhood and the reinfection or adult type.

The National Tuberculosis Association meetings always provide recreation for those attending. The Health Follies was the high spot of the social activities. The South Bend, Indiana, delegation gave a clever take-off on our glib use of initials in place of words.

BEATRICE SHORT

NATIONAL CONFERENCE OF SOCIAL WORK

Public health nurses who attended the fifty-fourth annual meeting of the National Conference of Social Work held in Des Moines, Iowa, May 11-18, went home with a greater appreciation of the many interests which they have in common with social workers and of the need of both groups for a better understanding of each other's problems.

All day long there were from five to twelve meetings going on at the same time. The mornings were devoted to the meetings of the twelve divisions of the Conference, the afternoons to meetings of thirteen of the kindred groups while the evenings were given over to the general sessions. The use of the volunteer worker and social work in rural communities seemed to receive attention by more groups than did any other subject.

A very charming garden tea was given for public health nurses by the board members of the local Public Health Nursing Association. About seventy-five attended, and took advantage of the opportunity to meet each other.

Two of the staff nurses of the Chicago Visiting Nurse Association attended the conference on scholarships. This would seem to be an excellent field for scholarships.

The Conference closed with a packed luncheon session at which Jane Addams, who has contributed so much to social work, told of the social consequences of our present immigration law.

BEATRICE SHORT

Miss Grace Abbott, in the *Child Health Bulletin* for February, asks "What is the Future of the Day Nursery?" She indicates two groups:

The charitable, custodial institution which cares for the children of working mothers, and perhaps perpetuates a wage scale which makes this care continue to be necessary.

The nursery school which furnishes education and training to the preschool child and which if it becomes established as a part of our regular school system will render the first type unnecessary.

It was to answer Miss Abbott's question that I attended the sessions of the National Federation of Day Nurseries held in Washington in May. The papers, with one or two exceptions applied to the nursery school while the delegates seemed in large proportion to represent custodial institutions. Dr. Foote's paper on the control of communicable diseases was greeted by gasps of incredulity or hopelessness from several parts of the room when he advocated isolating children with common colds. The Children's Bureau has a delineascope presenting views in various nursery schools before and after meetings and comments such as "I wish our children had a big room like that," or "Wouldn't it be fine to have equipment like that?" were to be heard at almost any time. Questions such as "How much do the mothers pay?" and "How can we get educated teachers to work twelve or more hours a day?" seemed to receive scant interest from the speakers though timidly voiced by interested delegates. It is evident that the program committee meant to educate all day nurseries into nursery schools.

DOROTHY ROOD

NEW REMEDY FOR IVY POISONING

A recent bulletin of the State Board of Health of New Hampshire quotes the following reference to a new cure for poison ivy from a booklet published by the Field Museum of Natural History:

Poison ivy meets its match in the iron compound known as ferric chloride. A number of soluble iron salts are effective but ferric chloride seems to be most suitable. The treatment calls for a mixture of one part by weight of ferric chloride with ten of alcohol and ten of water, to be washed on the skin and allowed to dry there. If used before one goes into places where poison ivy grows and also after such possible exposure it is claimed this treatment will entirely prevent the development of ivy-poisoning in the great majority of cases.

BOARD MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER

The last session of the Institute for Board Members held at New Haven in April was devoted to the "Education of Board Members." The trend of the Institute steadily pointed in this direction and the delegates left with a deep sense of obligation to carry this message to their associations and seek to apply it as best they could.

Mrs. C.-E. A. Winslow's article brings many helpful suggestions and it is hoped there will be free discussion in the Forum on this important subject, particularly as to the education of newly elected board members.

The fact that new members drift in throughout the year greatly complicates this continuous duty. It has been suggested that election for board members should be held but once or twice a year allowing group instruction for the new members. With this and with the aid of a manual they would soon acquire a working idea of the principles of the association, and of public health ideals. If our readers will bring the results of their experiences to the Forum it will assist in forming standards for this most necessary function of the Education Committee.

THE EDUCATION COMMITTEE

Every visiting nurse association is occupied with a two-fold task—that of internal administration involving actual service along public health nursing lines, and that of keeping the association in the main stream of public health progress, of which it forms a part.

The board of directors, in order to accomplish its objectives, appoints committees to study and place before it the facts concerning each of these two main phases of the work—the chief representatives of which are the nurses' committee (and allied committees such as child welfare, tuberculosis, etc.) which deals with the internal and near at hand policies, and the education committee which aims to bring back to the board the experience of other associations in other parts of the world, and to keep before it the general trends in public health.

On the basis of the information presented by these two committees the board can safely proceed to the determination of its policies and procedures.

Public health nursing involves so many different problems within the association, and such diverse contacts with the outside community, that each committee of the Association is essential. But the two committees bearing most directly upon the work and growth of the Association are the

nurses' committee and this youngest of them all, the education committee. We spend much time upon the details of the work of the association, but how much thought do we spend upon the great social movement of public health itself? How many of us, who are board members, attend outside, and especially out-of-town, meetings? How many of us know what literature to read? Why should we not spend some time between meetings in reading for the benefit of the Association? We should all be glad to do so if we had someone to sift the literature for us and to advise us as to what is significant. We all like to keep "abreast with the times"; the phrase "behind the times" is a term of opprobrium.

We can keep in the stream of things by organizing this special committee—far enough removed from the trees to be able to see the wood—and assigning to it the task of keeping in touch with meetings, journals and new books, bringing back to the board as a whole a vital knowledge of this big, inspiring thing we call public health nursing.

The chairman of the education committee should be appointed by the president, with perhaps from two to twelve other members. The committee is as important in small as in large associations. It should meet regularly and frequently (once in two weeks or

oftener). It should have a secretary and it is a further step towards efficiency to have a typed list of the subjects which are to be discussed, given to each member of the committee at each meeting.

This committee should arrange for the annual meeting, studying the newest forms of popular education so as to present some important phases of the work in a fashion to attract and interest the public. It should arrange a yearly Institute and keep the board in touch with Institutes in other parts of the country. The superintendent, or director, should be present at all its meetings, because the education of "the educators" is one of her important duties. The education committee should aid the director in the very important task of seeing that new board members are introduced to the work of the whole association. It should work out with the approval of the president some machinery for familiarizing members of the board with the various activities of the Association.

The most important work of the education committee is, however, the contact it should maintain with the board of directors as a whole. It should report with the other committees in the regular order of business at every meeting and should give at least five minutes to the presentation of some important outside development in the field of public health nursing which may have a bearing upon the present or future policies of the board.

It should have graphs prepared to hang in board meetings to illustrate the growth of the service, the patients by months or the like. It may (if the director does not do this) read and elaborate the monthly reports (making the figures live!). It should distribute literature and reading matter to the members of the board. The board, in turn, should feel the education of this committee sufficiently on its individual conscience to pass on information to it!

How shall the education committee educate itself?

By consulting with the health officer of the community, the superintendent, the associate superintendent, the educational director, (or with the county or state supervising nurse in the rural districts) to get a bird's eye view of the literature,—of meetings—of the events of the year.

By assigning literature that will be read (in rotation) and briefly reported on to the committee by its members.

By forming a state or county education committee (very important in rural districts).

By close connection with the N.O.P.H.N. Finally by active coöperation with and participation in the Board Members' Forum.

Public health nursing involves such a multitude of details and such a fine degree of specialization (even under a technically generalized plan) that there is in this work an urgent need to keep abreast of the times and to develop a clear vision of the whole field. The motto of the education committee should be that we are indeed members one of another.

ANNE R. WINSLOW

Editor's Note: It was the Education Committee of the New Haven Visiting Nurse Association which originally suggested the plan for the New Haven Institute for Board Members.

Even a green field in sunshine wears an almost incredible radiance, and human faces now and then seem to be illuminated as if from within. Even the plainest and commonest object is capable of a seemingly miraculous metamorphosis, given the moment of insight.

Walter de la Mare

REVIEWS AND BOOK NOTES

COMMUNITY HEALTH ORGANIZATION

Edited by Ira V. Hiscock

Published by the American Public Health Association, 370 Seventh Ave., New York City. Price, \$2.00.

Health Departments have now reached the reorganization stage. It is time to discard the useless, salvage the good and balance the whole. What are the essentials of a modern health department, how should health work be organized, and what will it cost?

"Community Health Organization" answers these questions concisely and practically, not in terms of an unattainable ideal of a single enthusiast but in the form of group judgment of our best health administrators; a judgment based on actual achievements. The first section describes the basic plan of community health organization, then follow respectively detailed plans for community health work in a large city, a small city, and a rural unit.

In each of these three types of plan it is recommended that the nursing service be organized under a separate bureau, preferably under the direction of a chief who is herself a nurse, "even where a specialized service is provided and where the actual routine * * * of the nurse may be directed by the medical officer in charge." The generalized plan of nursing is advocated. The advantages of the specialized plan are recognized but most of them may be met in the generalized plan by providing special supervision by nurses trained in the particular type of nursing which they are to supervise.

Where the nursing service of a community is divided among several organizations it is advised that if they cannot be consolidated they should at least be coordinated under one head, preferably the chief official health administrator. The ideal nursing plan would include both the educational work performed by most health depart-

ment nurses and the care of the sick in the home, as usually performed by district or visiting nurses. The size of the nursing staff is based roughly on the estimate that in cities there should be one nurse (including the chief and supervisors) for each 2,000 population, and for rural districts one for each 5,000 population. The duties of the nurse and how they should be carried out are clearly described.

This book is an invaluable "blueprint" which no health officer can afford to be without and it should be accessible to every public health nurse if for no other reason than that it will help to orient her work and to give her a broad, intelligent picture of the public health goal which is yet to be reached in most communities.

H. E. KLEINSCHMIDT, M.D.

WHY INFECTIONS? IN TEETH, TONSILS AND OTHER ORGANS

By Nicholas Kopeloff, Ph.D.

Alfred A. Knopf, New York and London, 1926. Price, \$2.50.

An excellent presentation by a bacteriologist of all sides of the subject of infections. Well written, but rather too technical for the average lay reader, as indicated by the fact that the author considered it necessary to include a glossary of scientific terms. Well printed. No index. Worth perusal by anyone interested in this important topic.

J. A. T.

HEALTH MAINTENANCE IN INDUSTRY

By J. D. Hackett

A. W. Shaw Co., Chicago. Price, \$5.00.

The plant manager is the key man as regards introducing health service for the workers in an industry. This book is addressed to "sell" the idea to him, to enable him to know what it may mean to the workers and the plant

in the way of increased dependability. Convincing evidence is given that health improvement is practical, inexpensive and in fact the best type of insurance of efficient and satisfied workers.

The book of 488 pages contains a wealth of material on the many sides of industrial medicine. There are 92 statistical tables on important points. Several illustrations and plans are given. Each chapter has an epitome to tell its contents. There is a comprehensive index.

The collection of this authoritative material is a service to those interested in industrial medicine.

ARTHUR B. EMMONS, 2ND, M.D.

The American Child Health Association has just issued *Signs of Health in Childhood—A Picture of the Optimal Child*, by Hugh Chaplin, M.D., and Edward A. Strecker, M.D. Information has long been available on the "points" of domestic animals but similar "points" agreed on by which parents can judge whether their children are developing satisfactorily, or any definition of an optimal child as a guide to professional workers have so far been unobtainable.

The need for such a definition was brought to a focus by a request from the Department of Agriculture for standards of development of children and the American Child Health Association, after an examination of all existing literature, many conferences with child specialists, and studies of presumably normal children, has prepared this material. The subjects treated are:

- Optimal health in general
- Outward manifestations of a well-built and of a well-functioning body
- Good posture
- Good and poor bone growth
- Normal teeth
- Points in which optimal children may differ

Certain factors in the environment on which the child depends for mental equilibrium are taken up one by one and in each case advice is offered.

Mental capacity, emotions and morality are also discussed.

Parents, teachers, nurses, nutrition and club workers will find this a valuable and useful pamphlet. A number of illustrations demonstrate particular points of normal or poor development. 370 Seventh Avenue. Price 25 cents.

The Child Health Demonstration Committee of the Commonwealth Fund Child Health Program has issued three reports of the work of the demonstrations in Fargo, North Dakota, in Marion County, Oregon and in Athens, Georgia. Everyone interested in public health projects and the part played by nurses in their development will want to study these reports with their delineation of the way in which local and regional conditions have been met. They may be obtained from the Child Health Demonstration Committee, 370 Seventh Avenue, New York City.

Interesting reprints also available from the Child Health Demonstration Committee are *Heights and Weights of Colored School Children*, by H. S. Mustard, M.D., and J. I. Waring, M.D., and *The Organization of Health Demonstrations*, by Walter H. Brown, M.D.

In an article, "Securing the Coöperation of the Fathers in Child Welfare," by D. H. Geffen, D.P.H., in the *Journal of State Medicine*, Royal Institute of Public Health, London, the author suggests that the routine of an ideal fathers' evening would be as follows:

- Half an hour's talk to the fathers.
- Half an hour for asking general questions on the subject of the talk.
- Interval for tea and coffee.
- Practical carpentry, at which a skilled carpenter should, if possible, be present, to demonstrate the making of baby furniture cheaply.
- A chance for each father to consult the doctor privately concerning his own child. Smoking allowed all the time.

Studies of Health Service in Industry. The National Industrial Confer-

ance Board, 247 Park Avenue, New York City, has published five volumes, *Health Service in Industry*, *Cost of Health Service in Industry*, *The Physician in Industry*, *Relation of Medicine to Industry*, and *Medical Care of Industrial Workers*. The most recently published of these, *Medical Care of Industrial Workers*, gives the Relation of the Physician to Industry, Staff and Equipment, Physical Examination of Employees, Industrial Accidents and Their Treatment, Diagnosis and Treatment of Illness, Medical Records, Extra-Medical Activities and Analysis of Work of Medical Departments, Cost of Medical Supervision, the Value of Medical Work in Industry. In the brief section devoted to nurses employed in industry we could wish the authors had expressed more fully the importance of the nurse's services in health education among employees. The price of this volume is \$2.00.

The National Girl Scout Camp in its circular of directions suggests as "desirable additions" to personal equipment for camp:

Imagination and observation, enthusiasm and cheerfulness; likewise rope, pocket knife, musical instruments, fancy costume, flashlight and camera.

A recent Statistical Bulletin of the Metropolitan Life Insurance Company calls attention to the shocking number of accidents in American homes, which cause 17,000 deaths and several million injuries each year. Burns, falls and poisoning by gas are the causes of the largest number of these injuries. More than one-third of the fatal accidents occur among children under fifteen years of age. This of course means that the work and anxiety in connection with "home accidents" have to be undertaken by home women. It is suggested that the National Safety Council appoint a committee to organize for the study and prevention of these domestic accidents.

The Committee on Administrative Practice of the American Public

Health Association has issued an *Appraisal Form for Rural Health Work* for experimental use in rural counties, districts or other smaller areas. American Public Health Association, 370 Seventh Avenue, New York. Price 50 cents.

Under the title of *My Novitiate* Florence Kelley has written delightfully in the *Survey Graphic* for April, 1927, an account of the experiences and some few of the accomplishments of her crowded life.

The Department of Public Health Nursing of the Indiana State Board of Health announces that from now on it hopes to publish *Echoes* every two months. Eva F. MacDougall is editor of the bulletin.

The Philadelphia Child Health Society has recently issued a new mimeographed pamphlet, *Nutrition Program and Teaching Outline for Preschool Health Centers and Clinics*. Lesson VIII in this program gives the various points for health protection for children during hot weather. Price 50 cents. 311 South Juniper Street, Philadelphia.

The *Tennessee Public Health Nurses News Letter* suggests the following good pamphlets on Flies and their extermination:

Farmers' Bulletin No. 1408, U. S. Department of Agriculture.

Fly Traps and Their Operation, Farmers' Bulletin No. 734.

The Transmission of Disease by Flies, U. S. P. H. Service, Washington, D. C. Get the Fly Before He Gets You, International Harvester Company, Chicago, Ill. \$.03.

Flies in the House—Homemade Fly Trap, International Harvester Company, Chicago, Ill. \$.02.

The House Fly and How to Suppress It, International Harvester Company, Chicago, Ill.

I wish I had a sunbaked bill
Where I could go and lie for days
And never think or do a thing
But soak up ultra-violet rays.

Schenectady Gazette

NEWS NOTES

Of the twenty-four applicants for the Isabel Hampton Robb scholarships for 1927-28 whose papers have been judged, ten wish to prepare for administrative work, nine for teaching, five for public health. The following were awarded scholarships:

Lucy H. Beal, Boston, Peter Bent Brigham Hospital, Boston; Lelin B. Townsend, New York, Presbyterian Hospital, Chicago; Alice A. Weston, Boston, Peter Bent Brigham Hospital, Boston; B. Olive Hart, New Haven, Army School of Nursing; Gladys M. Liston, Omaha, Bishop Clarkson Memorial Hospital, Omaha; Margene O. Faddis, Pasadena, Lakeside Hospital, Cleveland; Harriet J. Fort, New York, Mercy Hospital, Baltimore; Theone E. Bonney, Minneapolis, Evanston Hospital, Illinois.

The Fifth Convention of the New England Division of the American Nurses' Association met in Providence, Rhode Island, April 27-29. There was a large attendance, registration reaching 647 with over a hundred more present. Miss Goodrich read an important paper on Furthering the Creation of Central Schools. Dr. Burgess gave a report of the work of the Committee on the Grading of Nursing Schools. Dr. Arthur H. Ruggles dwelt on a subject of great interest when he spoke on The Place of the Nurse in Mental Hygiene making a plea for nurses in public health work to fit themselves for mental hygiene service. Daily round tables for all the groups represented at the meeting were held. At the final assembling of the convention the Rhode Island nurses were the hostesses to the visitors at a banquet at the Hotel Biltmore. The next meeting will be held in New Haven in 1929. The following officers were elected: President, Miss Sally Johnson; Vice President, Miss Annie W. Goodrich; Secretary, Miss Alice M. McMahon; Treasurer, Miss Ednah Cameron.

On March 23 the Connecticut State Nurses Association celebrated its 23rd birthday by a formal opening of its new Headquarters in Hartford, Connecticut, being the tenth state whose association has opened headquarters and employed an executive secretary, with New Jersey, New York, Ohio, Pennsylvania, Georgia, California, Minnesota, Indiana and Michigan the other nine. The development in this state is the outcome of the amalgamation of the three state nursing organizations, the League of Nursing Education, the Organization for Public Health Nursing, and the State Nurses' Association, the two first mentioned now being sections in the Association. It was decided that for Connecticut it was best to have one organization with one executive to carry on the work of the combined group. The result is the new Headquarters and the appointment of Miss Margaret K. Stack.

Headquarters was informally opened January 1, 1927, the Executive Secretary beginning her duties at that time. It is in the Women's Club Building on Broad Street. In order that the nurses might have the opportunity to see it while attending the Hartford meeting, the formal opening was held on the same day. A luncheon was served at the Women's Club and after the following session the Headquarters Committee and the Executive Board received the members and guests.

We learn from the St. Barnabas Guild that the Protestant Episcopal Church needs nurses at once for the following positions:

Three for Alaska—two for the Hudson Stuck Memorial Hospital at Fort Yukon and one for the General Hospital at Wrangell.

Two for St. Luke's Hospital, Manila, Philippine Islands.

For fuller particulars write to Reverend A. B. Parson, 281 Fourth Avenue, New York City.

The California Legislature has passed a bill directed at widening the work done under the state for the help of handicapped children. Twenty thousand dollars have been appropriated to cover the public health nursing and social service divisions of caring for the children and a revolving fund of \$25,000 provided for hospitalization. The program should be an interesting one.

The same legislature failed to consider the bill to create a bureau of public health nursing, which did not find time to get out of committee this session. It is to be hoped that it passes later.

APPOINTMENTS

Agnes G. Deans, formerly director at headquarters, has been appointed field secretary of the American Nurses' Association. She will start work July 1. Her immediate field will be the western states where she will undertake work on such problems as the methods of strengthening contacts between nursing, medical, social and other health groups for the correlation of health programs.

A three months' course in public health nursing especially for school nurses is open this summer at the State University of Utah, Salt Lake City, with Miss Robina Kneebone, Eveleth, Minnesota, in charge. All schools of over 1,000 pupils are required to have qualified school nurses.

Miss Anna Heisler is to join the staff of the American Child Health Association August 1 as Staff Associate in the Division of Medical Service, in charge of nursing. Miss Heisler comes from the Richmond School of Social Work and Public Health where she was professor of public health nursing.

Miss Lera Amlingmeyer, B.S., Public Health University of Michigan, 1927, has been appointed to the position of Director of Nursing in the Department of Public Health and Welfare, Kalamazoo, Michigan.

Mrs. Lois Lilley Owen has been appointed Supervisor of School Nursing in the Health Education Bureau of the Department of Public Instruction, Harrisburg, Pennsylvania.

NOTES FROM THE STATES

Florida

The Florida State Nurses' Association has elected Mrs. M. F. Bishop of Lakeland chairman of its public health nursing section.

Maryland

February 9 the industrial nurses of Baltimore reorganized as a section of the Public Health Nursing Association of Maryland. Requirements for membership are the status of graduate nurse and membership in the Public Health Association. Mrs. Walberg Nolan is Chairman and Miss Madeline Hoopes Secretary. The association is working to have only graduate registered nurses in all plants.

Michigan

The Detroit District of the Michigan State Nurses' Association has moved its offices from 4708 Brush Street to the new Community Union Building, 51 Warren Avenue West.

Housed in the same building with many other of Detroit's social agencies which share in the Community Fund are the Central Bureau of Nursing, the Visiting Nurse Association and the office of the Executive Secretary of the Michigan State Nurses Association.

New York

The erection of a \$500,000 club house financed by nurses and of which the nurses will be the actual owners when it is completed next year is the interesting undertaking of the new Nurses' Club of Brooklyn, Inc. The plans include at least 200 bedrooms, some of which always will be available for transients. An auditorium, a roof garden, a cafeteria, a restaurant or both, a fully equipped laundry for the use of members, distinct from the house laundry, and possibly a swimming pool. Dressing rooms will be provided for the use of non-resident members where they can rest and refresh themselves or dress for a party. It is hoped by the nurses planning the new club house that it may serve as a metropolitan home for nurses from all parts of the country as well as members

NOTES FROM STATES—Continued

of the Long Island association, for the site will be most accessible to business and amusement centers. It is proposed to finance the building by a \$300,000 issue of common and preferred stock with a mortgage to cover the balance.

Ohio

The Board of Trustees of the Ohio State Association of Graduate Nurses announces the establishment of a Service Division. The new office will be open to all members of the association, other graduate nurses able to qualify for registration in Ohio, hospital schools of nursing, public health nursing organizations and all other organizations wishing to engage nurses for any phase of nursing work. For application blank write Service Division, State Headquarters Office, Room 200, Hartman Theater Building, Columbus, Ohio.

MEETINGS

The World Federation of Educational Associations will meet in conference at Toronto, Canada, August 7-12, and will have one section devoted especially to school health problems.

The following meetings were held last month:

The Northwest Division of the American Nurses' Association, convention, Portland, Oregon, June 17 and 18.

The South Dakota State Nurses' Association, annual meeting, Camp Wanzer, June 21-23.

The Wyoming State Nurses' Association, annual meeting, Cheyenne, June 17 and 18.

The Washington State Nurses' Association, annual meeting, Aberdeen, June 16-18.

The Michigan State Nurses' Association, annual meeting, Marquette, June 15-17.

We announce the following coming meetings:

The American Country Life Association (and other groups interested in rural conditions), tenth annual conference, East Lansing, Michigan, first week of August.

The International Country Life Commission, second international country life conference, East Lansing, Michigan, August 4-6.

Our readers will learn with sympathy of the death of Miss Ella P. Crandall's mother on June 5th.



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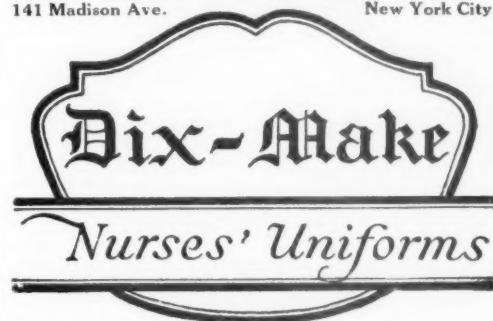
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